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1	Responses: CIH Waiver Public Comment Period November 25, 2015 through December 28, 2015			
2	Date of Comment	Service Definition	Comment	DDRS Response
3	12/28/2015	Other	Commenter recommended that the CIH Redesign Cost Analysis Subcommittee review the cost reimbursement methodology to include a review of how other states approach the cost of DSPs. Commenter stated that wages must be attractive enough to recruit and retain a workforce capable of making appropriate decisions in the care and teaching of the people supported.	Thank you for your suggestion. Cost reimbursement methodologies to address CMS requirements around rates based on actual cost will be discussed with the sub-committee
4	12/16/2015	RHS - Hourly	Commenter stated the under Documentation Standards in the separately published service definition, there is a requirement for documentation to include transportation provided throughout the day. If the service is separately billable, commenter stated that this documentation standard seems duplicative and unnecessary.	Thank you for your comment regarding the documentation standards.
5	12/16/2015	Adult Family Living	Commenter stated that the term "Hiring Agreement" is unfamiliar and asked if this is a new requirement for the service, who authors the agreement, what parties would be involved in the agreement, where the agreement is kept, how often it is reviewed/updated, and who is responsible for storage, maintenance, and ensuring it is completed.	DDRS appreciates this feedback and has made revisions to this service definition
6	12/16/2015	Intensive Support Coordination	Commenter asked if the prohibition that owners of CM agencies may not also be a stakeholder in of any other waiver service agency should include an exception for ISC and vice versa.	Thank you for your comment and this prohibition would apply to both Case management and Intensive Support Coordination (ISC).
7	12/21/2015	Other	Commenter expressed concern that the proposed amendment does not change the day programs to a day rate, nor a change to group log system.	Thank you for your comment regarding the funding methodology and rate for this service.
8	12/23/2015	Adult Family Living	Commenter stated that the 40 hour limit under AFL creates a disincentive to promoting the model, which has shown to produce better outcomes than typical residential models. Commenter stated that if DDRS is content with allowing family members to provide AFL, then it recommends the 40 hour limit be removed.	Thank you for your comment regarding the 40 hour limit

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9	12/22/2015	Other	Commenter stated that there is no path forward to address a lack of qualified staff to provide the services included in individual budgets.	Efforts in this amendment were made to ensure appropriately trained staff are in place and delivering high quality services. DDRS understands that this should not be the final or only effort to address the concerns regarding identification of qualified staff.
10	12/24/2015	Rate Methodology	Commenter asked whether IRS rates rate based on 1:1 or shared staffing.	IRS services will be delivered on a 1:1 basis and based upon the proposed requirements in the service definition
11	12/21/2015	Participant Assistance and Care	Commenter stated that PAC was successful on the FSW wavier because there was no other type of "residential" support for families. Commenter stated that adding PAC to the CIH waiver is redundant.	The addition PAC to of the CIH waiver was based on recommendations received at the town hall meetings at the request of families. The service definition reflects a distinction between this service and other residential service options
12	12/24/2015	Non-Medical Transportation	Commenter asked for clarification as to the meaning of community access group or who Developmental Disabilities Service Center pertains to.	DDRS appreciates your comment and changes to language within the waiver have been made to update this content.
13	11/30/2015	Adult Family Living	Commenter asked whether SFC home with more than one participant will be grandfathered in under the new AFL service definition, and if not, what the plan would be for currently enrolled participants in the absence of additional approved caregivers	Within the service definition, there is a provision that would allow a Individualized Support Team to request for an exception to this requirement.
14	11/30/2015	Adult Family Living	Commenter asked whether AFL homes would be provided an exception to the one participant rule in AFL homes where a family member provides supports for more than one adult child	Within the service definition, there is a provision that would allow a Individualized Support Team to ask for an exception to this requirement.
15	11/30/2015	Adult Family Living	Commenter asked whether people under the age of 18 would continue to be served under the new service and whether an alternate program would be provided for people under the age of 18	There will not be any current waiver participants affected by this limitation.

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16	11/30/2015	Adult Family Living	Commenter asked how changes are beneficial to participants who have lived in the same SFC home with one another for 20-30 years	Within the service definition, there is a provision that would allow a Individualized Support Team to ask for an exception to the limitation of only 1 individual being served in an AFL home.
17	11/30/2015	Residential Habilitation Support	Commenter stated that if no additional reimbursement will be included with increased training requirements, then it seems more practical to allow the agencies to set competency targets for new hires to be achieved prior to working independently with participants	DDRS appreciates this feedback regarding training requirements.
18	11/30/2015	Enhanced Residential Living / Intensive Residential - Medical/Behavioral	Commenter asked how providers will be approved for the new services and/or which ones will be automatic conversions	The only anticipated auto conversion that should occur is for those providers who are currently providing RHS services as they will transition to ERL. All other new services will require providers to enroll and be approved to provide the service based upon the provider requirements outlined in the waiver application.
19	11/30/2015	Enhanced Residential Living / Intensive Residential - Medical/Behavioral	Commenter asked how the shared staffing funds allocation on a per-home-needs-basis consistent with the PCP process vs. a shared living conceptual agreement	The proposed structure for shared staffing funds allocation will not be submitted to CMS in this waiver amendment.
20	12/7/2015	Intensive Support Coordination	Commenter stated that ISC should not be required to monitor direct behavioral data as this is the responsibility of the behaviorist to provide a summary to the IST. Commenter also stated that the responsibility of monitoring whether individuals take medications is the responsibility of the individual named in the ISP. Commenter stated that its staff is not in individuals' homes daily and thus cannot ensure that this is done daily.	The qualifications for an ISC are higher than those for traditional Case Management to ensure they are able to evaluate behavioral and other data and coordinate services with the team members. The service definition is describing what the Intensive Support Coordinators would be responsible for monitoring and ensuring as a team member, not just those areas for which they are solely engaged to perform.
21	12/9/2015	Case Management	Commenter asks DDRS to reconsider the flat fee for Case Management based on DDRS/CMCO conversation on 12/9/15. Commenter asked that DDRS provide a reimbursement rate that pays for the services that are actually being provided. Commenter stated that it would be helpful to add back in the portion previously paid for the Person Centered Planning activities that were never added in when the CMGT was split out from one monopolized entity.	DDRS has consulted with case management companies and changes to rates will be made July 1, 2016 for case management services.

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22	12/9/2015	Case Management	Commenter stated that the current rate does not support the cost of accreditation. Commenter recommended that the state's BQIS recertification process be the determining factor for the quality of services provided by each case management company.	National accreditation requirements have been removed for this service. . Providers will need to meet the state's certification and other provider requirements.
23	12/9/2015	Intensive Support Coordination	Commenter stated that the \$177.77 rate was most likely based on the current Case Management rate, and recommended that the Case Management rates be reviewed	DDRS has worked with case management companies and changes to rates will be made July 1, 2016 for case management.
24	12/16/2015	Enhanced Residential Living (RHS - Daily)	Commenter stated that the RHS-Daily provision indicates that the IST will be asked to review the replacement service plan, make corrections or adjustments, and submit the plan to the state for review and approval. Commenter asked whether it is correct to assume that the individual's budget will not be changed until the replacement plan is approved.	Under the proposed amendment, RHS Daily will no longer be an available service - it will be replaced with Enhanced Residential Living.
25	12/16/2015	Adult Family Living (Structured Family Caregiving)	Commenter stated that if SFC is to be replaced by AFL, the excerpt should be corrected and the provision should discuss how individuals will be transitioned into the new service.	Thank you for your comment regarding the provision of Adult Family Living. Individuals receiving Structured Family Caregiving may continue to receive the same or similar supports under Adult Family Living (AFL).
26	12/16/2015	Adult Family Living (Structured Family Caregiving)	Commenter stated that the provision limiting AFL to people 18 and older is appreciated. Commenter recommends that this provision of the Transition Plan include similar language allowing individuals who are currently receiving SFC in settings with more than one individual to retain the service in that setting if they choose.	Thank you for your comment
27	12/16/2015	Case Management	Commenter stated that it is their understanding that Indiana Code requires national accreditation for day habilitation, including facility-based or community-based habilitation, prevocational services, employment services, and residential habilitation and support services, but not for Case Management.	National accreditation requirements have been removed for this service. Providers will need to meet the state's certification and other provider requirements.

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28	12/16/2015	Case Management	Outside Waiver Amendment: Consist with requirements in ERL, IRS-B and IRS-M, commenter recommended that CM companies are given the discretion to either employ or contract with a Registered Nurse to provide consultation and guidance as needed.	Thank you for your comment
29	12/16/2015	Case Management	Commenter recommended that the requirement to ensure criminal background checks cites to the appropriate administrative code and policy guidance on criminal history checks. Commenter stated that Indiana Code only allows employers to secure a limited criminal history on employees upon hire.	Thank you for your comment
30	12/16/2015	RHS - Hourly	Commenter asked what types of guidance will be offered when the IST does not agree with the appropriate amount of support determined for the individual.	The waiver participant will have the right to appeal the service decision.
31	12/16/2015	RHS - Hourly	Commenter asks what types of guidance will be provided when the individual and/or his/her family or guardian does not agree with the IST's determination.	The waiver participant will have the right to appeal the service decision.
32	12/16/2015	RHS - Hourly	Commenter stated that the Reimbursable Activities section has changed significantly. In particular, commenter noted that references to direct supervision and monitoring, assistance with personal care, assurance that direct service staff are aware of Behavior Support Plan, and Risk Plans; coordination and facilitation of medical and non-medical services to meet health care needs when not receiving WC; and collaboration with wellness coordinator when receiving WC are not included. Commenter asked whether these activities are no longer considered part of the service definition/expectations.	The changes made to RHS Hourly reflect a need for the services and supports to be designed to assist an individual in developing and maintaining independent living skills, and for services to be based on an individual's goals, interests, and assessed needs. An individual's unique needs would dictate what specific strategies are warranted by the direct service staff to best support an individual.
33	12/16/2015	RHS - Hourly	Commenter noted the addition of the provision of transportation to fully participate in social and recreational activities as a reimbursable activity. Commenter asked whether this prohibits the provision of non-medical transportation services, as a separately billable service.	Non-medical transportation is still a service option

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34	12/16/2015	RHS - Hourly	Commenter asked, if the provider is able to provide Non-medical Transportation services, would he/she be restricted to only billing for transportation that was non-social or recreational, given the service definition's specificity?	Providers of non-medical transportation will need to provide the service in accordance with the service definition as outlined in the waiver application
35	12/16/2015	RHS - Hourly	Commenter asked, if the provider is not able to provide Non-medical transportation as a separate billable service or is only able to provide Non-medical Transportation for non-social and non-recreational activities, has the rate been evaluated to accommodate for this additional service component?	Under the proposed amendment, both non-medical transportation and community transportation would be available for an individual to access, and each transportation option has it's own designated cap or limit established.
36	12/16/2015	RHS - Hourly	Commenter asked whether individuals may use PAC in addition to RHS Hourly, assuming they were not being provided concurrently. IF not, commenter asks, what would be the basis of the prohibition.	The Service Definition for RHS Hourly has been updated to exclude PAC as a service if an individual is receiving RHS Hourly Services. Individuals can determine which service would most appropriately meet their needs.
37	12/16/2015	RHS - Hourly	Commenter asked, if PAC and RHS-Hourly may not both be provided to an individual, how would individuals be supported in deciding which service best fits their needs.	Individuals can determine which service would most appropriately meet their needs based on information provided by the IST and the descriptions of each service within the service definitions.
38	12/16/2015	RHS - Hourly	Commenter asked, if PAC and RHS-Hourly may not both be provided to an individual, what would happen if there is a disagreement among the IST or between the IST and the individual as to which service is most appropriate.	Individuals can determine which service would most appropriately meet their needs based on information provided by the IST. Ultimately, it is the choice of the individual as to what services they will select.
39	12/16/2015	RHS - Hourly	Commenter asked, if PAC and RHS-Hourly may not both be provided to an individual, what criteria will DDRS use to determine which individuals are eligible for which service.	Individuals can determine which service would most appropriately meet their needs based on information provided by the IST.
40	12/16/2015	RHS - Hourly	If an individual can use PAC and RHS-Hourly non-concurrently, commenter asked, given the similarities between the services, what differences in service experience are anticipated?	The Service Definition for RHS Hourly has been updated to exclude PAC as a service if an individual is receiving RHS Hourly Services. Individuals can determine which service would most appropriately meet their needs.

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41	12/16/2015	Adult Family Living	Commenter stated that PAC is not included as a service limited to individuals not receiving AFL and asked if this was an intentional omission. If so, commenter asked how DDRS anticipates the two services being used by the same individual.	DDRS has corrected this error
42	12/16/2015	Enhanced Residential Living	Commenter asked who is responsible for ensuring that a determination is made, in reference to the requirement to establish eligibility through a determination that ERL is needed based on assessment criteria defined by the state.	The requested implementation issues will be addressed in policy, procedures and training.
43	12/16/2015	Enhanced Residential Living	Commenter asked what entity is tasked with completing the assessment to determine whether ERL is needed.	Enhanced Residential Living service utilization will be evaluated and determined by the IST.
44	12/16/2015	Enhanced Residential Living	Commenter asked whether ERL is available before the justification that RST is not appropriate is provided. Commenter asked how an ERL recipient would be able to use RST, as allowed in the Reimbursable Activities section. Commenter recommended that this section instead say "...Remote Support Technology [alone] is not appropriate..."	DDRS appreciates this feedback and has made revisions
45	12/16/2015	Remote Support Technology	Commenter asked who on the IST is responsible for ensuring the team completes the justification that RST is not appropriate, what information should be used in determining what options have been explored, and what information or criteria should be included in the written justification.	The ISP team should have the discussion about what services appropriately meet the person's needs based on assessed needs and this information should be described in the ISP, which will be updated to accommodate this required documentation. The implementation of this requirement will be available in policy, procedures and training.
46	12/16/2015	Remote Support Technology	Commenter asked whether the RST justification should be submitted to DDRS and if not, where it should be recorded or stored.	The ISP team should have the discussion about what services appropriately meet the person's needs based on assessed needs and this information should be described in the ISP, which will be updated to accommodate this required documentation. The implementation of this requirement will be available in policy, procedures and training.
47	12/16/2015	Enhanced Residential Living	Commenter asked whether DDRS intends to provide clearer guidance and expectations for Person Centered Planning. Commenter asked what supports are being considered to improve the process and make it more meaningful to the individual while assuring his/her needs and goals are addressed.	The implementation information requested will be provided in policy, procedures and training. DDRS intends to develop clear guidance and expectations as part of the DDRS Advisory Subcommittees

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48	12/16/2015	Enhanced Residential Living	Commenter noted that PAC is not listed as a service not available to participants receiving ERL and asked if this omission is intentional. If so, commenter asked how DDRS anticipates that the two services may be used by an individual.	DDRS appreciates this feedback and revisions have been made
49	12/16/2015	Enhanced Residential Living	Commenter asked whether DDRS will address with the legislature, the expansion of Indiana Code requirements to include national accreditation requirements for ERL and IRS services.	DDRS appreciates this feedback regarding Indiana Code requirements.
50	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked how individuals or teams make referrals for individuals that may be eligible for IRS-B and who is responsible for compiling and sending documentation prior to the person being determined eligible for IRS-B or ISC.	The implementation information requested will be provided in policy, procedures and training. DDRS intends to develop clear guidance and expectations as part of the DDRS Advisory Subcommittees
51	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked who is responsible for obtaining the required clinical and functional assessment of the individual's psychological and behavioral condition and what types of professionals are expected to complete these assessments.	The implementation information requested will be provided in policy, procedures and training. DDRS intends to develop clear guidance and expectations as part of the DDRS Advisory Subcommittees
52	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked whether DDRS intends to provide clearer guidance and expectations for Person Centered Planning. Commenter asked what supports are being considered to improve the process and make it more meaningful to the individual while assuring his/her needs and goals are addressed.	The implementation information requested will be provided in policy, procedures and training. DDRS intends to develop clear guidance and expectations as part of the DDRS Advisory Subcommittees
53	12/16/2015	Intensive Residential Supports - Behavioral	Commenter requested clarification on DDRS's intent regarding "training and support that would allow opportunities for integrated employment" in light of later provisions that prohibit concurrent provision of two authorized services for the exact same time period in a day.	This section of the waiver has been amended to be clearer on the expectation.
54	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that, unlike under ERL, there is no clarifying language included to indicate that the provision of transportation to community employment and employment activities and/or community volunteerism would be reimbursable under Community Employment Transportation. Commenter asked if this omission was intended and why.	This language has been clarified in the service definition.

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55	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that, unlike under ERL, there are no specific reimbursable activities providing guidance on wellness expectations. Commenter asked if this omission was intended and why.	This language has been clarified in the service definition.
56	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that Indiana Code (IC12-11-1.1-1) requires National accreditation for day habilitation, including facility based or community based habilitation, prevocational services, employment services, and residential habilitation and support services, but not necessarily for IRS-B. Commenter asked if DDRS will address this with the legislature to expand the requirements in Indiana Code to include ERL and the Intensive Residential Support services.	Thank you for your comment regarding Indiana Code requirements
57	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that it appears that the accreditation requirements section is duplicated under Provider Qualifications.	Thank you for your comment regarding accreditation requirements.
58	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that requirements for behavior consultant, psychiatric services, and HSPP services seem like an extraordinary amount of support for the individual. If patterned after ESN homes referenced in the rate methodology, commenter recommended that requirements like 15 hours per week of behavior services would seem more appropriate.	DDRS appreciates your comment and the language and requirements has been revised
59	12/16/2015	Intensive Residential Supports - Medical	Commenter asked how temporary need is defined and asked if individuals who need services for several years would be considered temporary.	The implementation information requested (how 'temporary need' could be defined) will be provided in policy, procedures and training. DDRS intends to develop clear guidance and expectations as part of the DDRS Advisory Subcommittees
60	12/16/2015	Intensive Residential Supports - Medical	Commenter asked how "active involvement" at all team meetings is defined and whether that requires physical participation in every team meeting. If not, what other types of involvement would be considered active?	The implementation information requested (how 'active involvement' could be defined) will be provided in policy, procedures and training. DDRS intends to develop clear guidance and expectations as part of the DDRS Advisory Subcommittees

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61	12/16/2015	Intensive Residential Supports - Medical	Commenter asked who is responsible for ensuring active involvement of the IST.	The information requested will be specified in policy, procedures and training
62	12/16/2015	Intensive Residential Supports - Medical	Commenter asked whether DDRS intends to provide clearer guidance and expectations for Person Centered Planning. Commenter asked what supports are being considered to improve the process and make it more meaningful to the individual while assuring his/her needs and goals are addressed.	Thank you for your comment. Implementation information requested will be provided in policy, procedures and training
63	12/16/2015	Intensive Residential Supports - Medical	Commenter requested clarification on DDRS's intent regarding "training and support that would allow opportunities for integrated employment" in light of later provisions that prohibit concurrent provision of two authorized services for the exact same time period in a day.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for the provider to bill ERL.
64	12/16/2015	Intensive Residential Supports - Medical	Commenter asked, if PAC and IRS-M may not both be provided to an individual, what criteria will DDRS use to determine which individuals are eligible for which service.	The information requested will be addressed in policy, procedures, and training
65	12/16/2015	Intensive Residential Supports - Medical	If an individual can use PAC and IRS-M non-concurrently, commenter asked, given the similarities between the services, what differences in service experience are anticipated?	The information requested will be addressed in policy, procedures and training
66	12/16/2015	Intensive Residential Supports - Medical	Commenter asked what the implementation plan is to review and approve prospective provider applications to ensure a sufficient pool of willing and qualified providers.	The information requested will be specified in policy, procedures and training

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67	12/16/2015	Intensive Residential Supports - Medical	<p>Commenter noted that there is not a requirement to demonstrate that RST is not a viable option for the individual and asked whether this omission was intentional.</p>	<p>DDRS appreciates this feedback and has made clarifications to language within the waiver</p>
68	12/16/2015	Intensive Residential Supports - Medical	<p>Commenter asked how contact/communication with the HSPP, behavior professional, psychiatrist, or pharmacist is required for any member of the IST. If so, commenter asked how this contact with be monitored or verified. If not, commenter asked to whom these standards for face to face contact apply.</p>	<p>The information requested will be specified in policy, procedures and training</p>

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69	12/16/2015	Intensive Support Coordination	<p>Commenter recommended including Education and Special Education to the minimum qualifications for ISCs</p>	Thank you for your comment
70	12/16/2015	Intensive Support Coordination	<p>Commenter asked whether references to "conflict-free" case management should be included in the Case Management service definition as well.</p>	Thank you for your comment
71	12/16/2015	Intensive Support Coordination	<p>Under Activities Not Allowed, commenter asked whether prohibitions regarding ownership of multiple agencies and/or of other waiver service providers reference ISC agencies instead of CM agencies; otherwise, it appears that ISC agencies are not prohibited from these arrangements.</p>	Thank you for your comment

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72	12/16/2015	Intensive Support Coordination	Commenter stated that CMs are required to complete case management curriculum with a 95%, while ISCs must complete the curriculum with a score of 80%. Commenter asked whether this difference is intended and why.	DDRS appreciates your comment and changes to language within the waiver have been made
73	12/16/2015	Intensive Support Coordination	Commenter stated that it appears that ISCs must complete curriculum initially and annually while CMs must only complete the curriculum initially. Commenter asked for the rationale behind the different frequencies.	The language has been clarified
74	12/16/2015	Intensive Support Coordination	Commenter recommended including information about the intent of the 5-hour person-specific training requirement so that expectations are more clear.	Thank you for your comment
75	12/16/2015	Participant Assistance and Care	Commenter asked whether service delivery will be permitted for up to 4 people, as is the case in the FSW. If not, commenter asks why.	Please see the service definition for any limitations on this service.
76	12/16/2015	Remote Support Technology	Commenter asked how DDRS intends to set a consistent rate for providing RST given the breadth of services that may be provided.	DDRS has collaborated with the providers of this service and determined that the rates are sufficient to meet the needs of the participant
77	12/16/2015	Remote Support Technology	Commenter asked what "minimal support" means.	The implementation information requested will be provided in policy, procedures and training
78	12/16/2015	Intensive Residential Supports	Commenter requested additional information related to what extent the CRT will be involved in decisions related to an individual's budget.	The implementation information requested will be provided in policy, procedures and training

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79	12/16/2015	Intensive Residential Supports	Commenter stated that, in the service definition for IRS-M, there is a reference to the IST including recommendations for staffing requirements based on identified interventions to the CRT as part of the referral for the service. Commenter asked whether the CRT can make a recommendation to increase the individual's budget if needed staffing exceeds the published rate.	The implementation information requested will be provided in policy, procedures and training
80	12/16/2015	Intensive Residential Supports	Commenter stated that in a recent webinar, DDRS indicated in response to one question that the IST and CRT would evaluate needs and develop a budget around those needs. However in a subsequent question about the CRT performing a cost control function, DDRS indicated that the CRT is not being engaged for purposes of the budget. Commenter requested additional clarification on this matter.	The primary role of the Clinical Review team is to support the development of a service plan to best meet the needs of individuals receiving this service. Their licensure, certification, and ethical approach warrants the development of appropriate service plans. The clinical review team is therefore in a position to see the resulting budgets developed as a result of a coordinated approach to service planning.
81	12/17/2015	Enhanced Residential Living	Commenter stated that, in provider qualifications, the service definition states that an RN must be available 24 hours a day. Commenter asked if an LPN who is supervised by an RN suffice for this service (which includes a 24-hour emergency nursing cell phone for contact).	The implementation information requested will be provided in policy, procedures, and training
82	12/17/2015	Enhanced Residential Living	Commenter asked what constitutes competency for job shadowing and training in provider qualifications.	The implementation information requested will be provided in policy, procedures, and training
83	12/22/2015	Other	Commenter noted that policies are in the works for several items. As a result, it is difficult to make informed decisions regarding the potential impact of the changes set to be implemented. Commenter stated that it is unfair to require comments when no one outside of DDRS knows the true impact of these changes when so many items have not been finished.	Thank you for your comment

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84	12/19/2015	Enhanced Residential Living	Commenter stated that her son receives RRS services from his aunt in her home. If the caregiver were to no longer live in her home and had to move in with the commenter (mother) and her son, commenter asks if the aunt would still be able to be his staff under the current waiver.	This question will be addressed at an individual level
85	12/22/2015	Enhanced Residential Living	Commenter expressed concern that the 40-hour limit for families would be unenforceable and create an undue burden on providers. Commenter stated that the staffing crisis leads families to provide services, as this is sometimes the only option available due to the staffing shortage.	Thank you for your comment
86	12/22/2015	Intensive Support Coordination	Commenter stated that it did not identify a size limitation under intensive supports, and assumed that the limit is the 1-4 people previously in place. Commenter stated that the new service definitions seem to be a significant reduction in the amount of support people receive and the rates are not consistent with the needs of the	Thank you for your comment
87	12/22/2015	Enhanced Residential Living	Commenter stated that the inclusion of Wellness Coordination included with ISC is positive. However, commenter recommended using a pilot program with a higher rate with the top 250 highest needs people. Commenter stated that savings demonstrated from this increased rate in other states resulted in savings within the first six months.	Thank you for your comments, however, DDRS can only fund services with Medicaid dollars that have been approved by CMS. Approval for any service must first be given to DDRS before any implementation, pilot or otherwise, can be implemented.
88	12/22/2015	Adult Family Living	Commenter stated that, under AFL, there is no rate differential for people with higher needs. Commenter stated that, if done correctly, the state could see 30-40% in savings over other residential settings. Commenter stated that a significant overhaul of this program would be needed to get families to consider the service, CM's to recommend the	Thank you for your comment
89	12/22/2015	Other	Commenter expressed concern that the funding models identified will keep people more segregated in their homes rather than employed and engaged in their communities.	Thank you for your comment
90	12/21/2015	Participant Assistance and Care	Commenter stated that it is unsure of the state's objective in adding this service to the CIH Waiver, as it appears to be duplicative of other residential services already offered.	The addition PAC to of the CIH waiver was based on recommendations received at the town hall meetings at the request of families.
91	12/24/2015	Wellness Coordination	If the service does not require individuals who do not need the support of an LPN/RN to use the service, commenter requested an extension for further comments after the service description has been clarified.	Individuals qualify for Wellness Coordination based upon the score received on the health section of the ICAP Addendum. This score will determine if nursing supports are needed

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92	12/23/2015	Adult Family Living	Commenter noted that the tiered approach utilized in SFC has been removed. Commenter asked if there will be any rate differentials for individuals with higher needs. Commenter stated that if not, this could create a disincentive to provide services to individuals with high needs via AFL. Commenter recommended further studying other states' models to determine how to best implement a multi-level model in Indiana.	DDRS has included the levels for AFL in the waiver amendment
93	12/23/2015	Adult Family Living	Commenter asked whether providers who currently provide SFC to more than one individual in the home will be grandfathered into AFL with an exception or whether the provider will be forced to reduce the number of individuals to whom they are providing the service.	Within the service definition proposed, information is provided that indicates that an exception to this limitation can be granted
94	12/23/2015	Adult Family Living	Commenter asked what the process is for requesting an exception to provide AFL to more than one individuals in a provider's home. Commenter recommended that a clarification be added.	The implementation information requested will be provided in policy, procedures and training
95	12/23/2015	Intensive Residential Supports - Behavioral	Commenter recommended clearly defining "all inclusive of the individual's needs." Commenter asked if this includes employment, community habilitation, etc.	Other non-residential services will still be available to the individual
96	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked for clarification regarding "active involvement" in team meetings.	The implementation information requested will be provided in policy, procedures, and training
97	12/24/2015	Enhanced Residential Living	Commenter asked whether all Case Managers will be required to have PCP training.	Yes
98	12/24/2015	Adult Family Living	Commenter noted that Activities Not Allowed does not include PAC. Commenter asked if this can be a service this is provided and reimbursed separately.	PAC will not be a service that is accessible to individuals receiving AFL.

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99	12/24/2015	Intensive Residential Supports - Medical	Commenter asked whether transportation is included in the service and rate. If transportation is included, commenter asked whether it will have a limit of what is allowable. If not, commenter stated that this may be a disincentive to serve these individuals.	Transportation for nonmedical reasons is included in this rate. Transportation to and from medical appointments can be accessed through State Plan supports and transportation to and from community based employment and volunteerism can also be accessed as a separate billable service
100	12/24/2015	Residential Habilitation and Support - Hourly	Commenter noted that the scope has been changed to promote the assistance and self sufficiency in meeting goals and does not use language of up to 24 hour basis of services and supports which are designed to ensure the health, safety, and welfare of the participant.	Under this proposed amendment, RHS Daily would be replaced by Enhanced Residential Living
101	12/24/2015	Residential Habilitation and Support - Hourly	Commenter asked whether the omitted Allowable Activities are no longer part of the definition (from the current form of the definition).	Under this proposed amendment, RHS Daily would be replaced by Enhanced Residential Living
102	12/24/2015	Residential Habilitation and Support - Hourly	Commenter asked how transportation is billed and whether Non-Medical Transportation can be billed as a separate service.	Under this proposed amendment, RHS Daily would be replaced by Enhanced Residential Living
103	12/24/2015	Residential Habilitation and Support - Hourly	Commenter asked if documentation of transportation can be included if billed under a different funding or service.	Under this proposed amendment, RHS Daily would be replaced by Enhanced Residential Living
104	12/24/2015	Residential Habilitation and Support - Hourly	Commenter asked who on the IST is responsible for ensuring the team completes the requirement that at least annually, the IST must determine that RST is not an appropriate option. Commenter asked	The team must annually address the ongoing need for all services and the continued need or necessary changes should be documented in the ISP. The person's assessed needs and response
105	12/24/2015	Wellness Coordination	Commenter asked if training of DSPs to ensure implementation of risk plans could be modified to allow trained staff or approved trainers to provide this training to DSPs if the RN/LPN feels it is appropriate.	Thank you for your comment, DDRS will take this under advisement
106	12/28/2015	Intensive Residential Supports - Behavioral / Intensive Residential Supports - Medical	Commenter asked: What are the reasons behind PAC moving from the Family Support Waiver to the CIH waiver?	PAC will now be a service in both waivers. PAC was added to the CIH waiver based on comments received at the Town Hall meetings at the request of families.

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107	12/28/2015	Behavior Support Services	Commenter stated that subcontracted BC's (and other professionals including DSP's, etc.) present a liability problem for individual waiver providers as well as the contractors themselves. Commenter stated that, while this does not specifically impact DDRS, it is a poor reflection on DDRS as an administrative entity to have several people in the field operating in a way that violates state and federal law. Commenter stated that, with 460 and the Waiver in general, the state must be able to hold people to a certain standard of service delivery- it is not within the limits of the laws to do this with subcontracted entities.	Thank you for your comments
108	12/28/2015	Other	Commenter stated that the amendment should give clearer understanding of the cost reimbursement methodology intended to support service delivery.	The current rate methodology has not changed
109	12/28/2015	Other	Commenter stated that there is currently a rule that the CIH Waiver will not pay caregivers to care for a recipient when the recipient travels outside the state of Indiana, even though the caregiver is an Indiana resident employed by an agency operating in the state of Indiana. Commenter stated that this limits the mobility and freedom of the recipient to travel for business, for vacation, to visit family, to go to medical appointments or conferences, or for any other reason. Commenter stated that non-disabled residents are not restricted from traveling across the borders of the state in which they reside, so it is unequal treatment to restrict the movement of a person with a disability simply because they need assistance in order to realistically travel. Commenter requested that language be added to the CIH waiver proposal that clearly removes this restriction on caregiving being provided outside the state of Indiana.	Thank you for your comment
110	12/28/2015	Participant Assistance and Care	Commenter expressed approval of the addition of PAC to the CIH Waiver. Commenter asked whether individuals are allowed to choose Residential Habilitation and Support-Hourly and Participant Assistance and Care during the same plan year, as the service definitions are very similar. Commenter asked, if only one can be chosen, who decides which service is most appropriate?	Decisions regarding service choices should be done with the Individualized Support Team based upon what service best meets the need of the client
111	12/28/2015	Other	Commenter stated that the current CIH Waiver prohibits recipients from traveling with caregivers outside the state of Indiana, whether for medical, business, or leisure reasons. Commenter stated that all participants have Indiana-based provider agencies, so she does not see the reason for this rule. Individuals without disabilities are free to travel across state lines, thus this provision is discriminatory.	Thank you for the comment

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112	12/28/2015	Case Management	Commenter asked whether it would be reasonable to the Interdisciplinary Teams to determine the frequency of meetings and denote that in the ISP with the requirement of no less than meetings on an annual basis. Commenter stated that the team could also specify issues/events which would trigger additional meetings.	Thank you for your comment
113	12/28/2015	Residential Habilitation and Support - Hourly	Commenter asked how Participant Assistance and Care will be used with RHS Services. Commenter asked whether a person can receive both services.	Please review each residential service definition in order to see limitations
114	12/28/2015	Adult Family Living	Commenter asked how exceptions will be granted if more than 1 person is living in a home. Commenter asked if individuals currently living in multiple person sites will be grandfathered or will they have to go through the approval process.	The implementation information requested will be provided in policy, procedures, and training
115	12/28/2015	Enhanced Residential Living	Commenter stated that it understands that DDRS intends to not utilize a rate methodology that would create a household rate based on the average Algo scores in the home. Commenter stated that this is a critical change in approach, as the proposed change could create confusion and a perception that individuals with higher needs perceiving that they are losing services under the proposed mode.	Thank you for your comment
116	12/28/2015	Non-Medical Transportation	Commenter asked whether the cap will combine both types of transportation.	No
117	12/28/2015	Other	Commenter stated that, if DDRS intends to move a cost-based system, it should truly look at costs and not just prior billing experience. Commenter stated that it would be happy to help.	Thank you for your comment, these are issues that will be discussed in the Cost Analysis sub-committee.
118	12/28/2015	Residential Habilitation and Support - Hourly	Commenter noted that in the reimbursable activities that the new definition no longer includes reference to coordination and facilitation of medical and non-medical services to meet health care needs when not receiving Wellness Coordination; and collaboration with wellness coordinator when receiving Wellness Coordination. Commenter asked whether these are no longer considered part of the service definition/expectations.	Residential Habilitation and Supports hourly will no longer be a service under the proposed amendment. Enhanced Residential Living will take the place of this previous service
119	12/28/2015	Residential Habilitation and Support - Hourly	Commenter stated that under the documentation standards in the Service Definition, it references documenting "Documentation of any face to face contact the participant had with an RN or LPN and any recommendations provided by that professional." Commenter asked, if coordination of health care needs is not part of this service then why is there a documentation standard for the face to face contact with the RN or LPN.	Residential Habilitation and Supports hourly will no longer be a service under the proposed amendment. Enhanced Residential Living will take the place of this previous service

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120	12/28/2015	Residential Habilitation and Support - Hourly	Commenter stated that "Assistance with personal care" has been removed under Reimbursable Activities and asked whether this is no longer considered a reimbursable activity.	Residential Habilitation and Supports hourly will no longer be a service under the proposed amendment. Enhanced Residential Living will take the place of this previous service
121	12/28/2015	Residential Habilitation and Support - Hourly	Commenter asked whether individuals can use the newly proposed Participant Assistance and Care, in addition to Residential Habilitation and Support – Hourly, assuming they were not being provided concurrently. Commenter asked how individuals would be supported in deciding which service best fit their unique needs. Commenter asked what criteria would be used to determine which individuals are eligible for which service. If the individual can use both services, non-concurrently, given the similarities between the services, what differences in service experience and outcomes are anticipated?	Please see the service definition for any limitations on this service.
122	12/28/2015	Remote Support Technology	Commenter asked whether an individual in the home needed supports will be sufficient justification to determine that RST is not appropriate.	The implementation information requested will be provided in policy, procedures, and training
123	12/23/2015	Intensive Support Coordination / Case Management	Commenter noted that under the ISC - Medical requirement for a Bachelor's degree in Nursing. Commenter asked if this requires actual nursing licensure and whether an LPN might suffice.	The implementation information requested will be provided in policy, procedures, and training
124	12/23/2015	Enhanced Residential Living	Commenter noted that transportation will no longer be bundled, but asked if there will be a different reimbursement rate for what could be called "accessible" transportation.	Rates for transportation have not changed from the currently approved waiver
125	12/23/2015	Intensive Residential Supports - Behavioral	must provide at least 15 hours per week of services and the HSPP must be available for a minimum of 10 hours/month with 24 hour availability, commenter asked what happens in cases where the BC is the HSPP. Commenter also asked why the BC is the only one not	Thank you for your comments, changes have been made in the service definition proposed
126	11/26/2015	Intensive Support Coordination/ Case Management	Commenter requested clarification on the difference between Intensive Support Coordination and Case Management	Intensive case management requires a higher degree of contact with the person and their team to ensure that their behavioral/medical services are coordinated and that the clinical team is well informed of changes that impact the services received. Additionally, the intensive case management is only available to people enrolled in Intensive Residential Services Medical or Behavioral.
127	11/26/2015	Intensive Support Coordination/ Case Management	Commenter asked why Intensive Support Coordination and Case Management may not be provided concurrently	Provision of both services would be redundant. Intensive Support Coordinators provide the same services as in Case Management plus the additional services listed.
128	11/30/2015	Adult Family Living	Commenter asked the purpose of the name change and stated that the name change creates an undue burden on the state and approved providers regarding updates to forms, informational materials, and policies & procedures	Feedback received indicated that this service definition as previously written and titled was not well-understood by people. The change was to make it more clear to everyone what the service was and what was provided as part of it.

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129	11/30/2015	Adult Family Living	Commenter asked the purpose of limiting AFL homes to one participant and stated that limiting AFL homes to one adult participant will limit the entrance of new non-family caregivers to the program and be detrimental to the growth of the program	The intent behind the limitation is to ensure that the person with a disability is integrated/incorporated into the home as a family member. More than one person per home increases the likelihood of the home becoming more like a board and room or group home situation, which is not the intent of this service. The definition does include a provision for a waiver of the limit of one person.
130	11/30/2015	Adult Family Living	Commenter asked whether the RN visit for AFL/(SFC) is being removed under the proposed change	The RN visit for AFL will be removed under the proposed change.
131	11/30/2015	Residential Habilitation Support	Commenter asked whether the 20 hour training requirement includes agency's New Employee Orientation, crisis intervention training, Core A/B, CPR/FA and disabilities training	DDRS will revisit the language to make sure it is clear what types of training meets this expectation. The requirements are based on input received from stakeholders and are intended to solidify training expectations and improve individual outcomes so that staff are consistently well trained and prepared to support the people they are working with.
132	11/30/2015	Residential Habilitation Support	Commenter asked whether agencies will receive additional reimbursement to cover training if the 20-hour training requirement means time spent in the home with a manager or coworker	The current rates encompass the expectations for staff training.
133	11/30/2015	Residential Habilitation Support	Commenter asked the basis for choosing 20 hours as a minimum training requirement and whether it means per consumer or per location worked	The requirement is based on information from providers' current training requirements, INARF recommendations and best practices to improve outcomes for people receiving services.
134	11/30/2015	Residential Habilitation Support	Commenter asked whether the 20 hour training requirement would include training provided by the Behavior Consultant or other non-residential provider	Training by the Behavioral Consultant would be in addition to the 20 hours.
135	11/30/2015	Residential Habilitation Support	Commenter stated that many new hires come with years of experience in the field of disabilities and do not require 20 hours of 1:1 job training	DDRS will explore with providers if there is a way to receive documentation from another agency that a DSP has been trained on basic skills. There will still need to be an agency specific orientation and person specific training for waiver participants.
136	11/30/2015	Residential Habilitation Support	Commenter stated that the in-home support structure, particularly RH10 is affected by the current staffing shortage in Indiana and that agencies cannot afford to pay DSPs competitively. Commenter stated that in-home training would further complicate this shortage when trying to schedule training around family schedules.	DDRS firmly believes that person specific training is essential for the DSP to effectively work with the person and for the person to achieve his or her outcomes.
137	11/30/2015	Enhanced Residential Living	Commenter asked what the rate structure will be under ERL given the inclusion of Wellness Coordination and Remote Support Technology	Wellness Coordination will not be included under ERL, Remote Support Technology will be included under ERL. Please see the proposed rates for ERL.

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138	11/30/2015	Enhanced Residential Living	Commenter asked for justification regarding the "monopolizing effect" of only large providers being able to provide WC	DDRS will analyze the types of providers currently providing Wellness Coordination services and ensure that waiver participants and their families continue to have a choice in choosing providers.
139	11/30/2015	Enhanced Residential Living	Commenter asked how "monopolizing effect" of only large providers providing WC will benefit families	Waiver enrollees will continue to have choice in selecting their ERL provider. Inclusion of Wellness Coordination is intended to ensure effective coordination of health care.
140	11/30/2015	Enhanced Residential Living	Commenter asked whether the state is prepared to provide a seamless transition to large providers in the event that smaller providers are "edged out"	DDRS will continue to ensure provider coverage across the state.
141	11/30/2015	Enhanced Residential Living	Commenter asked the purpose of the name change and stated that the name change creates an undue burden on the state and approved providers regarding updates to forms, informational materials, and policies & procedures	Feedback received indicated that this service definition as previously written and titled was not well-understood by people. The change was to make it more clear to everyone what the service was and what was provided as part of it.
142	11/30/2015	Enhanced Residential Living	Commenter asked why not include Intensive Residential Supports - Medical/Behavioral under ERL instead of WC	The provider qualifications and expertise are different under Intensive Residential Supports than those for ERL.
143	11/30/2015	Enhanced Residential Living	Commenter stated that the time and expense required to change documents seems unnecessary	The change is not limited to just the name. The service definition now more clearly lays out expectations for the service delivery .
144	11/30/2015	Enhanced Residential Living / Intensive Residential - Medical/Behavioral	Commenter stated that the addition of the "intensive" category will benefit families greatly, allowing more funding to be targeted	Thank you for your comment.
145	11/30/2015	Enhanced Residential Living / Intensive Residential - Medical/Behavioral	Commenter asked what training will be provided on changes, if adopted	Upon approval of the waiver amendment (which will go into effect on 10/1/16), DDRS will provide training and education for people receiving services, families, advocates, case managers and providers.
146	11/30/2015	Enhanced Residential Living / Intensive Residential - Medical/Behavioral	Commenter asked how long providers will be given to bring all documents into compliance with the new language and whether the deadline will be October 2016	Pending CMS approval, the waiver is not expected to go into effect until October 1, 2016.
147	11/30/2015	Enhanced Residential Living / Intensive Residential - Medical/Behavioral	Commenter asked how efficiently home structure changes can be managed regarding re-allocation computations	Thank you for your comment. This comment can be addressed during subcommittee meetings.
148	11/30/2015	Enhanced Residential Living / Intensive Residential - Medical/Behavioral	Commenter stated the removal of "buckets" is a great step forward for restructuring funding of supports	Thank you for your comment.
149	11/30/2015	Enhanced Residential Living	Commenter stated that it is unreasonable to ask for input on conceptual changes only and stated that providers should be given rate information so that they can provide informed feedback about the functionality of proposed changes	Please refer to proposed rates posted to the DDRS website.
150	11/30/2015	Enhanced Residential Living	Commenter stated that a specific layout of the additional 20 hours of in-home training be shared with providers	Thank you for your comment. DDRS will review this recommendation and provide clarification.

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151	11/30/2015	Enhanced Residential Living	Commenter stated that training requirements for DSPs should recognize the varying abilities and experiences of new staff hires and should not create barriers, with competency being the goal rather than a specified number of hours	Thank you for your comment.
152	12/1/2015	Other	Commenter stated that it was evident to her that FSSA/DDRS staff listened to stakeholder feedback	Thank you for your comment.
153	12/1/2015	Other	Commenter stated that the elimination of buckets was a welcome improvement	Thank you for your comment.
154	12/1/2015	Enhanced Residential Living	Commenter stated that she likes the idea of cost-based allocation under ERL	Thank you for your comment.
155	12/1/2015	Enhanced Residential Living	Commenter stated that she likes the idea of having funds allocated based on the total needs of all individuals in the home and having one rate per household	Thank you for your comment.
156	12/1/2015	Enhanced Residential Living	Commenter stated that she likes the inclusion of Transportation, Wellness Coordination, and Remote Support Technology included in the rate	Thank you for your comment.
157	12/1/2015	Enhanced Residential Living	Commenter asked whether an individual receiving ERL services can also receive Extended Services as a separate service	Yes, an individual receiving ERL services can also receive Extended Services as a separate service.
158	12/1/2015	Enhanced Residential Living	Commenter asked whether ERL staff are expected to provide employment training and supports that the individual requires or whether these requirements are intended to help the individual get to scheduled job interviews or work	DDRS will review the definition for ERL clarify it to include language related to supporting individuals in obtaining and retaining employment
159	12/1/2015	Enhanced Residential Living	Commenter asked whether ERL is meant to be exclusive of other services, as it will be billed under the daily rate	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for the provider to bill ERL.
160	12/1/2015	Enhanced Residential Living	Commenter asked how the ERL provider can bill community employment transportation to take an individual to a job if the services cannot be billed concurrently	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for the provider to bill ERL.
161	12/1/2015	Enhanced Residential Living	Commenter stated that further clarification is needed pertaining to ERL, but that overall she supports ERL	Additional information on implementation will be included in policy, procedures and regulations. DDRS will also provide training and education for all stakeholders.

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162	12/1/2015	Enhanced Residential Living	Commenter asked whether "designated staff positions" are to be positions solely for staff training or if the functions can be a component of a number of positions as long as they meet the requirement of three years of experience providing direct supports	Whether designated staff positions are used solely for staff training or if the functions may be a component of other positions is at the discretion of the provider. However, the provider must ensure that designated staff positions are in place.
163	12/1/2015	Enhanced Residential Living	Commenter asked for additional clarification related to what "essential knowledge, skills and abilities" means in the context of the service definition	"Essential knowledge skills and abilities" refers to any knowledge necessary to delivering the services and supports relevant to the service definition.
164	12/1/2015	Enhanced Residential Living	Commenter stated that the three years experience required for individual-specific training may be a challenge given high turnover rates, and that a less experienced person may be the best person to provide training	It is essential that experienced and tenured agency staff train newly hired staff.
165	12/1/2015	Enhanced Residential Living	Commenter asked for guidance pertaining the specific requirements of the 20-hour training requirement and whether it includes or is separate from shadowing	A new staff shadowing experienced staff is relevant to the 20 hour requirement.
166	12/1/2015	Enhanced Residential Living	Commenter asked where computer-based training fits into requirements	The provider's training policy would have to specify what training is completed via computer versus what training is direct.
167	12/1/2015	Wellness Coordination	Commenter stated that she believes Wellness Coordination has not been widely used due to a sense of intrusion within families when nursing staff is present. She stated that she believes that this is an education issue among families and case managers, and while she thinks it is a good service to offer, she isn't sure how often it will be used	Thank you for your comment. This information will be taken into consideration when developing policy, procedures and training materials. It is DDRS's goal to have the service definitions understood so that they can be used to meet individual needs.
168	12/1/2015	Wellness Coordination	Commenter stated that weekly requirements should be changed to monthly requirements	Thank you for your comment.
169	12/1/2015	Participant Assistance and Care	Commenter stated that while she is not opposed to the addition of PAC to CIH, she would like to understand the justification for its inclusion. She stated that PAC is often a misunderstood service, and that case managers often encourage respite instead of PAC due to the work limitation offered under respite	Thank you for your comment. The service was added based on public input. The information you provided will be taken into consideration when developing policy, procedures, regulations and training materials. It is DDRS's goal to have the service definition understood so that they can be used to meet individual needs.
170	12/2/2015	Behavior Support Services	Commenter recommended the following change to the service definition: Behavior Support Services is the application of validated and accepted methods of behavior analysis in order to produce socially significant behavior change. Interventions are based on a functional assessment of problem behavior with a focus on increasing appropriate replacement behaviors and providing relevant skills training.	Thank you for your comment.

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171	12/2/2015	Behavior Support Services	<p>Commenter recommended the addition of the following under reimbursable activities:</p> <ul style="list-style-type: none"> • Data analysis and graphing • Provision of treatment integrity checks to monitor for correct implementation of recommendations 	Thank you for your comment.
172	12/2/2015	Behavior Support Services	<p>Commenter recommended removing "assertiveness training" and "stress reduction training" under reimbursable activities as these strategies could possibly fall under "Training in the acquisition of socially accepted behaviors"</p>	Thank you for your comment.
173	12/2/2015	Behavior Support Services	<p>Commenter recommended adding "Care Coordination" under reimbursable activities, as Behavior Consultants often attend appointments with the individuals they serve</p>	Care coordination is the role of the case manager. DDRS will review and determine if there is another billable activity that should be added.
174	12/2/2015	Behavior Support Services	<p>Commenter stated that under Activities Not Allowed, there is a redundancy in items related to Intensive Residential Supports - Behavioral</p>	Thank you for noting this.
175	12/2/2015	Behavior Support Services	<p>Under Activities Not Allowed, commenter recommended changing "Therapy services furnished to a participant within..." to "Therapy services provided in the school setting should only be for the purpose of treatment coordination and not considered part of the participant's regular school day". Related to this recommended change, commenter stated that coordinating services between home and school increases consistency of intervention and promotes client</p>	Thank you for your comment.
176	12/2/2015	Behavior Support Services	<p>Under Activities Not Allowed, commenter stated that the line "Simultaneous receipt of facility-based support services or other Medicaid-billable services..." is unclear in terms of whether it refers only to Intensive Behavior Supports or also to Behavior Support Services. Commenter stated that the restriction presents the following challenges:</p> <ul style="list-style-type: none"> • As part of the reimbursable activities BSS includes the "Observation of the individual and environment...." Observation while receiving facility hab and RHS services is necessary for data collection and plan development, and making needed modifications to the BSP. • Treatment integrity requires the Behavior Support Provider to observe the DSP implementing procedures of the BSP. • Training and modeling of appropriate behavior interventions would also need to be completed while the participant is receiving facility hab or RHS services. 	Under Medicaid, a provider cannot bill for two services at the exact same time. For a service which is billed as a daily rate this does not preclude a waiver enrollee from receiving other services as specified in their ISP.

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177	12/2/2015	Behavior Support Services	<p>Commenter stated that the Service Standards listed in the current Behavioral Support Services service definition were deleted from the revision, and recommended retaining the following:</p> <ul style="list-style-type: none"> • The behavior supports specialist must assure that Residential Habilitation and Supports direct service staff are aware of and are active individuals in the development and implementation of the Behavioral Support Plan. The behavior plan will meet the requirements stated in 460 IAC 6-18-2. • Any behavior supports techniques that limit the individual's human or civil rights must be approved by the Individualized Support Team (IST) and the provider's human rights committee. No aversive techniques may be used. Chemical restraints and medications prescribed for use as needed (PRN) meant to restrain the individual shall be used with caution. The use of these medications must be approved by the Individualized Support Team (IST) and the appropriate human rights committee. • The efficacy of the plan must be reviewed not less than quarterly and adjusted as necessary. • The behavior specialist will provide a written report to pertinent parties at least quarterly. Pertinent parties include the individual, guardian, BDDS service coordinator, waiver case manager, all service providers, and other involved entities. 	This information was not included in the waiver application, but it will remain in the Provider Manual.
178	12/2/2015	Intensive Residential Supports - Behavioral	Commenter recommended change the typo on pg. 2 of the service definition from "Clinical Review "Ream" to "Clinical Review Team"	Thank you for noting this.
179	12/2/2015	Intensive Residential Supports - Behavioral	Commenter asked how the Clinical Review Team will be formed, whether it will be located in Indianapolis, whether multiple teams will be located in each district, and whether CRT members will be employees of the state or a provider agency	DDRS will select the Clinical Review Team through the official procurement process and will provide that information to the public after procurement concludes
180	12/2/2015	Intensive Residential Supports - Behavioral	Commenter recommended including a BCBA on the Clinical Review Team	Thank you for your comment.
181	12/2/2015	Intensive Residential Supports - Behavioral	Commenter recommended including the option of including an LCSW <u>OR</u> LMHC on the CRT	This addition will be made

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182	12/2/2015	Intensive Residential Supports - Behavioral	Under Reimbursable Activities, commenter recommended changing "development of replacement behaviors or minimization of the challenging behaviors" to "development of replacement behaviors and/or the minimization of the challenging behaviors"	This clarification will be made
183	12/2/2015	Intensive Residential Supports - Behavioral	Under Reimbursable Activities, commenter recommended including "Provision of Data Analysis," "Graphing of Progress," and "Ensuring treatment fidelity of all formal protocols and other recommendations referenced in the Behavior Support Plan." Commenter stated that this is loosely referenced in Provider Qualifications but seems more appropriate to place in the Reimbursable Activities section.	Thank you for your comment.
184	12/2/2015	Intensive Residential Supports - Behavioral	Commenter recommends defining how LCSW, LMHC, or BCBA providers' "knowledge and experience with strategies consistent with applied behavior analysis and other..." will be determined. Commenter states that currently, the only widely accepted verification method is the Behavior Analyst Certification Board.	Thank you for your comment.
185	12/2/2015	Intensive Residential Supports - Behavioral	Commenter expressed concern that bundling of services will further isolate individuals from interdisciplinary oversight and support.	Thank you for your comment regarding service bundling
186	12/2/2015	Intensive Residential Supports - Behavioral	Commenter recommended allowing Intensive Behavioral Supports to be included as a separate service open for BMAN or RHS providers to apply	Thank you for your comment.
187	12/2/2015	Intensive Residential Supports - Behavioral	<p>Commenter expressed concern that some requirements of the policy will significantly limit access to providers. Included the following as examples:</p> <ul style="list-style-type: none"> • 24 hour access to an HSPP, either an LCSW/LMHC/BCBA, a psychiatrist, a pharmacist and an RN • Availability of 10 hours of direct psychiatric services per month, every month. • Availability of 10 hours of HSPP support per month 	DDRS recognizes that intensive supports should be provided by an entity with a proven track record and a demonstrated ability to provide this service and support this population. DDRS has developed potential parameters to determine which providers will be most appropriate to provide this service.
188	12/2/2015	Intensive Residential Supports - Behavioral	Commenter expressed concern that there is little to no reference to outcome-based support fading or generalization strategies/expectations. Commenter stated that such an extensive service presumably expects meaningful outcomes in order to reduce the need for such supports over the long term.	Additional detail related to outcome-based support fading and general strategies/expectations will be provided in policy and procedure.

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189	12/2/2015	Intensive Residential Supports - Behavioral	Commenter requested more detail to training requirements for DSPs and the inclusion of a reference that DSP requires experience with or training in evidence-based principles of behavior modification. Commenter recommended reviewing the BACBs standards for Registered Behavior Technician (RBT).	DDRS is just starting the process for the development of the specific training requirements and will take these comments into consideration as part of that process.
190	12/2/2015	Intensive Residential Supports - Behavioral	Commenter recommended including experience with, or training in, evidence-based skill acquisition methodologies, procedures and/or systems as a requirement for DSPs	DDRS is just starting the process for the development of the specific training requirements and will take these comments into consideration as part of that process.
191	12/2/2015	Intensive Residential Supports - Behavioral	Commenter asked if there will be a revision of the Behavior Support Plan policy	DDRS will be reviewing the policy and will make necessary changes and communicate to the stakeholders via training.
192	12/7/2015	Other	Commenter expressed agreement with the decision to eliminate buckets, but stated that services outside of the current changes should still have designated funding	Thank you for your comment.
193	12/7/2015	Other	Commenter requested that training be provided to stakeholders prior to rollout/implementation of new services	Upon approval of the waiver amendment (which will go into effect on 10/1/16) DDRS will provide training and education for people receiving services, families, advocates, case managers and providers
194	12/7/2015	Other	Commenter asked whether there will be a plan in place for the CRT to initially evaluate all participants who need Intensive Residential Supports - Medical/Behavioral. Commenter stated that it would seem challenging to have an efficient and effective review of all participants who qualify.	As people are referred or request IRS Behavioral or Medical they will be reviewed by the CRT. Additional details on the process will be included in BDDS policy and procedures.
195	12/7/2015	Adult Family Living	Commenter does not support allowing legal guardians to provide Adult Family Living Services, as it appears to reinforce that natural supports become paid supports.	The provision only applies to adult waiver participants.
196	12/7/2015	Enhanced Residential Living	Commenter asked what the criteria is for determining that a service is needed. Since the OBA is not mentioned, commenter asked whether the ALGO system still to be used for determining service level support until another assessment system is put in place.	Individuals will still receive an ALGO score as part of their assessment. However, DDRS will take a different approach and not directly correlate funding to those scores.
197	12/7/2015	Enhanced Residential Living	Commenter asked if the ALGO system will still be used to determine service level support or if another assessment system will be used.	Individuals will still receive an ALGO score as part of their assessment. However, DDRS will take a different approach and not directly correlate funding to those scores.
198	12/7/2015	Enhanced Residential Living	Commenter asked for clarification of the timeline for implementation of a new assessment system, should one be required for ERL	Pending approval of the waiver from CMS it is anticipated the waiver changes will go in effect 10/1/16. DDRS will provide training for all stakeholders prior to the effective date.

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199	12/7/2015	Enhanced Residential Living	Regarding the line stating "Services and Supports provided which are based on the person's service plan including goals that are identified through the use of Person-Centered Planning tools...", commenter recommended that the ISP/PCP be changed to a cohesive document that clearly outlines support needs.	DDRS agrees that the ISP does not contain all aspects that it should contain. As the waiver amendment process moves forward toward implementation, DDRS will begin to examine potential changes to the ISP.
200	12/7/2015	Enhanced Residential Living	Commenter stated that if employment is a part of RHS Daily then it could be problematic that another employment service could be provided, since services cannot take place concurrently. Commenter requested defined parameters for why types of employment supports are expected under ERL.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for the provider to bill ERL.
201	12/7/2015	Enhanced Residential Living	Commenter stated that not all transportation provided is in support of specific ISP goals. Commenter asked whether transportation is a method of training or a goal.	If a waiver participant is learning how to use public transportation then there should be an ISP goal. If transportation is provided to access the community, day/work then it is a support.
202	12/7/2015	Enhanced Residential Living	Commenter stated that the following language implies that only ERL and no other services may be provided since ERL is a daily rate: "The concurrent provision of two authorized services for the exact same period in a day."	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for the provider to bill ERL.
203	12/7/2015	Enhanced Residential Living	Commenter stated that supervision should be a reimbursable activity under RHS Daily. Commenter stated that when someone is asleep at night, the only service being provided to that individual is supervision, a necessary component of the day service.	Thank you for your comment.
204	12/7/2015	Enhanced Residential Living	Commenter asked whether DDRS will provide guidance on what "essential knowledge, skills, and abilities" encompasses for staff designated to be responsible for "implementing"	Additional information on implementation will be included in policy, procedures and regulations. DDRS will also provide training and education for all stakeholders.
205	12/7/2015	Enhanced Residential Living	In response to training requirements, commenter asked whether the 20-hour requirement is individual-specific or a total training among. Commenter asked if there will be components that are transferrable to all individuals.	The new staff shadowing experienced staff is relevant to the 20 hour requirement.
206	12/7/2015	Enhanced Residential Living	Commenter stated that not all reimbursable services will be outlined in the ISP. Commenter also stated that, as an example, assisting someone with putting on clothes is not an ISP service goal but is nonetheless vital to the individual's day.	Thank you for your comment.
207	12/7/2015	Enhanced Residential Living	In response to the documentation requirement that says "Documentation of any transportation provided throughout the day being documented", the commenter asked for clarification about the type of document required and stated that transportation should be subject to the one-note minimum requirement under RHS Daily, which may or may not be documented.	Additional information on implementation, will be included in policy, procedures and regulations. DDRS will also provide training and education for all stakeholders.

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208	12/7/2015	Intensive Residential Supports - Behavioral	Commenter does not support the promotion of consequence-based techniques without significant requirements for implementation of these techniques. Commenter stated that the language included under services should include "behavior reduction" but should not include an alternative of "consequence-based techniques."	Thank you for your comment.
209	12/7/2015	Intensive Residential Supports - Behavioral	Commenter asked whether Behavior Consultant participation in team meetings will be reimbursable	Because IRS-B will be reimbursed as a daily rate, it will include reimbursement for all duties included under this service.
210	12/7/2015	Intensive Residential Supports - Behavioral	Commenter asked whether it is appropriate to use Remote Support Technology in lieu of face to face support if the individual qualifies for a high level of support like that provided under IRS-B	Use of Remote Support Technology may be employed as a technique to fade/reduce staff for a person enrolled in IRS-B.
211	12/7/2015	Intensive Residential Supports - Behavioral	In response to the 10-hour CHIO limit, commenter stated that Community Integration should be promoted through all services and that continuing with limits diminishes the integration of individuals. Commenter stated that providers are not currently working on integration through the residential side of services.	Thank you for your comment.
212	12/7/2015	Intensive Residential Supports - Behavioral	Commenter advised including in training examples of what types of issues would be deemed "significant" in response to the documentation requirement for "Any significant issues involving the participant requiring intervention by a Health Care Professional, Case Manager, or BDDS staff member	Additional information will be provided in procedures and regulations and will be included in training.
213	12/7/2015	Intensive Residential Supports - Behavioral	Commenter asked for clarification regarding the criteria to determine whether living with others is unsafe	Additional information on implementation will be included in policy, procedures and regulations. DDRS will also provide training and education for all stakeholders.
214	12/7/2015	Intensive Residential Supports - Behavioral	Commenter asked who will comprise the CRT	DDRS will select the Clinical Review Team through the official procurement process and will provide that information to the public after procurement concludes.
215	12/7/2015	Intensive Residential Supports - Behavioral	Commenter asked whether the CRT has the final decision in determining the level of supports an individual requires	The Clinical Review Team will work with the person's Individualized Support Team to develop a budget, and DDRS will make the final approval for each person's budget.
216	12/7/2015	Intensive Residential Supports - Behavioral	Commenter asked whether the individual will still be able to choose separate residential and behavior management providers, as many providers do not offer both services. Commenter also stated that having a "bundled" service provider will limit choice.	For IRS-B qualified providers will offer both of these services.
217	12/7/2015	Intensive Residential Supports - Behavioral	Commenter asked whether all current RHS providers will be automatically approved to provide this IRS-B	Providers will have to apply for and meet the qualifications for IRS-B to be a certified/approved provider.

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218	12/7/2015	Intensive Residential Supports - Behavioral	Commenter supports the requirement for Wellness Coordination's active participation in team meetings	Thank you for your comment.
219	12/7/2015	Intensive Residential Supports - Behavioral	Commenter stated the nursing staff responsible for Risk Plan development should also be responsible for dissemination of the plan to the team and uploading the plan to the state's system	DDRS will be making policy changes, which will include clarification that the provider who develops the risk plan will upload it.
220	12/7/2015	Non-Medical Transportation	Commenter asked whether the provider must document proof that natural supports are not available and how this information will be proven	The documentation must be included in the ISP.
221	12/7/2015	Remote Support Technology	Commenter asked where an approved list of RST providers is maintained and what the process would be for obtaining Director approval	This information will be included in policy and procedure. The Remote Support Technology provider list is currently held within the DDRS provider relations area and Medicaid.
222	12/7/2015	Residential Habilitation Support	Commenter stated that Reimbursable Activities indicate that individual outcomes should be based on the amount of natural supports vs. paid supports utilized. Commenter asked whether these individuals will have outcomes/strategies based on wants and needs.	Please review the proposed definition for Enhanced Residential Living.
223	12/7/2015	Intensive Support Coordination	Commenter stated that additional information should be included in the ISP to accommodate all requested information that should be present as outlined under ISC	DDRS agrees that the ISP does not contain all aspects that it should contain. As the waiver amendment process moves forward toward implementation, DDRS will begin to examine potential changes to the ISP.
224	12/7/2015	Intensive Support Coordination	Commenter requested the DDRS provide a specific form to make a request for approval for potential providers whose education differs from the requirements outlined in the service definition	DDRS is working on policy, procedure, regulatory and forms necessary to implement the provisions of the amendment.
225	12/7/2015	Intensive Support Coordination	In response to the requirement stating "Disseminating information including all Notices of Actions and forms..." the commenter requested clarification about what forms are required to be disseminated to the participant. Commenter stated that if the state of a case manager generates a form, it would be appropriate to disseminate, but that any information coming from providers should be their responsibility to disseminate and upload to the state-approved system.	This information will be included in policy and procedure.
226	12/7/2015	Intensive Support Coordination	In response to the following requirement, commenter asked for clarification about the appropriate timeframe for "sufficient": "Spend sufficient time exploring, pursuing, accessing, and maximizing the full array of non-waiver funded services..."	Please review the memo released by DDRS. This comment can be further explored during provider subcommittee meetings.
227	12/7/2015	Intensive Support Coordination	Commenter stated that the five hour person-specific training requirement should be further clarified. Commenter recommended that DDRS develop the form to document that training has occurred.	DDRS is working on policy, procedure, regulatory and forms necessary to implement the provisions of the amendment.

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228	12/7/2015	Intensive Support Coordination	Commenter stated that the following statement should not reference Supported Living: In accordance with Indiana Code [IC 12-11-1.1-1]], Supported Living providers must be accredited..."	Under the proposed definition, provider accreditation requirements will be removed, and providers will be required to meet all state certification requirements.
229	12/7/2015	Intensive Support Coordination	Commenter stated that language should be clarified regarding "onsite processing" and stated that most work would be done on a smart device, which would include obtaining signatures: "Ensure each Intensive Support Coordinator is properly equipped to conduct onsite	Language will be clarified.
230	12/8/2015	Other	Commenter stated that proposed changes introduce and rely on several new policy concepts and/or changes to existing policy that have not yet been developed. Commenter recommends fully developing and testing the proposed service definitions, rate structure and related policy and then submitting the full service model and rate structure to CMS for approval.	Thank you for your comment
231	12/8/2015	Intensive Residential Supports - General	Commenter stated that individuals may not be able to access services as the proposed rates appear insufficient to attract a pool of willing and qualified providers. Commenter states that the proposed rate model does not provide sufficient resources to cover the required supports and services.	DDRS is responsible to ensure an adequate pool of qualified providers for waiver enrollees
232	12/8/2015	Intensive Support Coordination	Commenter stated that the ISC rate does not accurately reflect the costs associated with the increased support requirements, particularly given concerns that the current case management rate does not provide adequate reimbursement for annual person centered planning, budget development, level of care determinations and related support planning.	Thank you for your comment
233	12/9/2015	Case Management	Under Reimbursable Activities, commenter asked how "Cultivating and strengthening informal and natural supports for each participant" will be measured. Commenter stated that currently Advocare includes a "relationship" section and states that many case managers statewide do not enter this information. Commenter recommended that, when the state has a consolidated software program, contact information could be recorded in only one location to eliminate duplication.	Thank you for your comment, DDRS will review the case management use of this section
234	12/9/2015	Case Management	Under Reimbursable Activities, commenter asked whether there is no longer a requirement to conduct face to face contacts in the home of the participant. While the commenter said that this would be helpful in homes with young children, the "every 90 days" language may need to be changed to coincide with the "no less than every quarter and as needed" requirement for team meetings as these often occur together.	This information has previously been included in Appendix G of the waiver application, as requested by CMS. DDRS will work to incorporate this information into the Case Management service definition.

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235	12/9/2015	Case Management	Commenter stated that the current 90 day checklist in Advocare is duplicative, inefficient, and unreliable. Commenter asked the state to consider allowing Case Managers to implement the PCP monitoring tool on inSite in lieu of the 90 Day checklist in Advocare, because the PCP monitoring tool closely represents many of the suggestions that CMCOs presented to the State and Advocare 2 years ago but changes were never implemented in Advocare.	Thank you for your comment
236	12/9/2015	Case Management	Commenter recommended requiring the author of any document to send his/her own documents to the appropriate team members as well as uploading documents to Advocare, rather than placing this responsibility on a single person.	Document originators need to upload to Advocare. The case manager is responsible for ensuring families get copies of all uploaded materials.
237	12/9/2015	Case Management	Regarding the following requirement, commenter stated that the EDS Paid Claims system available through inSite is only updated once a month and is often has at least a month of lag time. "Monitoring claims reimbursed through the approved Medicaid Management Information System (MMIS) and pertaining to waiver-funded services." Commenter recommended that inSite be updated to make more current information available and more consistently.	Thank you for your comment
238	12/9/2015	Case Management	Under the requirement stating "Spend sufficient time exploring, pursuing, accessing, and maximizing the full array of non-waiver-funded services, supports, resources, and unique opportunities available..." commenter asked how "sufficient" would be measured and recommends using "explore, pursue, access, and maximize..."	Please review the memo released by DDRS. This comment can be further explored during provider subcommittee meetings.
239	12/9/2015	Case Management	that the automatic stamps in Advocare should be updated to include a licensed person's title as well as the time (AM/PM) that the entry was made.	Thank you for your comment
240	12/9/2015	Case Management	Commenter stated that the current rate does not support the cost to employ a full-time RN. Commenter recommended requiring the CMCO to access an RN as needed to educate staff, assist with high risk plans, etc.	Thank you for your comment
241	12/9/2015	Intensive Support Coordination	Commenter recommended including special education under the degrees accepted for minimum education qualifications.	Thank you, DDRS will consider your comment.
242	12/9/2015	Intensive Support Coordination	Commenter asked how and where exceptions to education qualifications will be monitored.	Assessing continued compliance is part of the audit process.
243	12/9/2015	Intensive Support Coordination	Commenter recommended allowing providers with many years of experience to provide this service in lieu of education requirements.	Thank you for your comment

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244	12/9/2015	Intensive Support Coordination	Commenter stated that the current 90 day checklist in Advocare is duplicative, inefficient, and unreliable. Commenter asked the state to consider allowing Case Managers to implement the PCP monitoring tool on inSite in lieu of the 90 Day checklist in Advocare, because the PCP monitoring tool closely represents many of the suggestions that CMCOs presented to the State and Advocare 2 years ago but changes were never implemented in Advocare.	DDRS will discuss this with the CMCOs
245	12/9/2015	Intensive Support Coordination	Commenter recommended requiring the author of any document to send his/her own documents to the appropriate team members as well as uploading documents to Advocare, rather than placing this responsibility on a single person.	Document originators need to upload to Advocare. The case manager is responsible for ensuring families get copies of all uploaded materials.
246	12/9/2015	Intensive Support Coordination	Regarding the following requirement, commenter stated that the EDS Paid Claims system available through inSite is only updated once a month and is often has at least a month of lag time. "Monitoring claims reimbursed through the approved Medicaid Management Information System (MMIS) and pertaining to waiver-funded services." Commenter recommended that inSite be updated to make more current information available and more consistently.	Thank you for your comment.
247	12/9/2015	Intensive Support Coordination	Under the requirement stating "Spend sufficient time exploring, pursuing, accessing, and maximizing the full array of non-waiver-funded services, supports, resources, and unique opportunities available..." commenter asked how "sufficient" would be measured and recommends using "explore, pursue, access, and maximize..."	Please review the memo released by DDRS. This comment can be further explored during provider subcommittee meetings.
248	12/9/2015	Intensive Support Coordination	Commenter stated that the following statement should not reference Supported Living: In accordance with Indiana Code [IC 12-11-1.1-1]], Supported Living providers must be accredited..."	The requirement for accreditation will be removed. Providers will need to meet the state certification requirements.
249	12/9/2015	Intensive Support Coordination	Commenter stated that Case Managers are currently only required to complete the certification exam initially and that the system will need to be changed to allow case managers to take the exam annually	Thank you for your comment.
250	12/9/2015	Intensive Support Coordination	Commenter does not advocate for the current exam to be used because the commenter does not believe that the exam is an accurate measure to determine whether a person has the ability to do his/her job.	Thank you for your comment

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251	12/8/2015	Case Management	Commenter stated that the 5-day for having the ISP and NOA completed and disbursed to team members is unrealistic, as it can sometimes take the state up to 21 days to do a full review on the CCB. Commenter recommends making the turnaround time 30 days.	Thank you for your comment
252	12/14/2015	Other	Commenter expressed concern that if the supports will be allocated based on the total needs of all the individuals residing in the home, the determination could be disjointed since each of the teams meets separately and focuses on the needs of the individual. Commenter stated that there is currently little collaborative planning between the case managers for individuals living together and that collaboration would be a "must" under proposed changes. Commenter asked if services for individuals with more intensive needs will be diluted as they age and, perhaps, require more and/or different services?	Thank you for your comment. This comment can be addressed during subcommittee meetings.
253	12/14/2015	Other	Commenter stated that implementing the proposed plan (with the elimination of "buckets") seems to pose many challenges and would require a great deal of collaborative planning and assurances to families and providers that needed supports would be provided. Commenter stated that she is interested in seeing details of how this would work and the assurance that quality and needed services would not be negatively affected and that individualized person centered planning would be the foundation upon which service plans are built.	Thank you for your comment. This comment can be addressed during subcommittee meetings.
254	12/14/2015	Remote Support Technology	Commenter stated that it is critical to outline the parameters for RST use. Commenter stated that she would like to see details and specifics to determine when and for whom it would be appropriate and how it would be implemented.	Further details will be included in policy, procedure and training
255	12/14/2015	Enhanced Residential Living	Commenter stated that she was pleased to note the detail indicated relating to the training that residential staff, especially direct service staff, are to receive. "The program is only as good as the staff providing the services and, thanks to LOGAN, our son has been quite fortunate in that regard."	Thank you for your comment
256	12/16/2015	Other	Commenter is opposed to the amendment and believes that submission of the draft waiver amendment is premature and has significant potential to result in unintended consequences that could negatively impact persons served and the system as a whole. Commenter recommends fully developing and testing the proposed service definitions, rate structure, and related policies, and then submitting the full service model and rate structure to CMS for approval.	Thank you for your comment.

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257	12/16/2015	Other	provisions in Indiana Administrative Code. Commenter is concerned that changes to Administrative Code to reflect changes in service definitions could render those specific references obsolete or inaccurate, creating more confusion as to what administrative code provisions apply in which instances.	The legal counsel for DRS and the Medicaid agency have been participants in the amendment development process and will ensure that the statutory and federal regulatory requirements are in compliance.
258	12/16/2015	Remote Support Technology	Commenter stated that the provision stating that PERS will be included under Electronic Monitoring should be corrected to say Remote Support Technology and a provision should be inserted regarding how individuals currently receiving Electronic Monitoring will be transitioned to Remote Support Technology.	Thank you for your comment, DRS will review the language in the service definition to ensure that people experience no disruption in their current service.
259	12/16/2015	Enhanced Residential Living (RHS - Daily)	Commenter stated that the provision requiring individuals to share staffing to receive RHS-Daily or use RHS-Hourly as an alternative is confusing, as RHS - Daily does not include a rate or service level for individuals living in non-shared staffing homes. Commenter stated that more information is needed to understand the impact of the transition and how to determine the level of service the individual can expect to receive.	Thank you for your comment. DRS will review the service definitions to ensure the distinctions are clear. The subcommittees of the DRS Advisory committee will address implementation.
260	12/16/2015	Intensive Support Coordination	Commenter noted that there are no provisions discussing transitioning individuals who qualify from Case Management to ISC, particularly with regards to the impact if the individual's current case manager is not able or eligible to serve as the Intensive Support Coordinator. Commenter stated that this should be more clearly addressed.	Waiver recipients will not be auto-enrolled into intensive case management. This change will occur consistent with the ISP team process.
261	12/16/2015	Enhanced Residential Living	Commenter noted that there are no provisions discussing transitioning related to Residential Habilitation and Support - Hourly. In its review, commenter said that there are many substantive changes to the service definition and they believe that the potential impact to individuals currently receiving the service should be addressed in this section.	Waiver recipients will not be auto-enrolled into the services cited. Changes will occur consistent with the ISP team process.
262	12/16/2015	Case Management	Commenter asked how cultivating and strengthening informal and natural supports for each participant will be measured and defined. Commenter asked how to know when the Case Manager is successful in meeting this standard.	Thank you for your comment. The implementation concerns raised will be addressed in policy, procedures and training.
263	12/16/2015	Case Management	Commenter recommended changing face-to-face contacts from every 90 days to at least quarterly to be consistent with the current monitoring system and schedule through Advocare. Commenter stated that the quarterly requirement is consistent with other services, like ERL and Wellness Coordination that require quarterly reporting or Intensive Support Coordination that requires monthly contact.	Intensive case management is meant to require more involvement of the case manager, thus the increased face to face contact requirement.
264	12/16/2015	Case Management	Commenter asked whether the expectation that face to face contacts are distinct team meetings.	DRS will review the definition to ensure that the face to face contacts are clear and distinct from team meetings.

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265	12/16/2015	Case Management	Commenter recommended that frequency of team meetings should be dictated by the IST and reflected in the ISP, based on the needs of the individual, with no minimum requirement beyond an annual meeting.	Thank you for your comment.
266	12/16/2015	Case Management	Commenter stated that members often reported that MMIS is not accurate and that case managers should not be held responsible for until MMIS is accurate.	Thank you for your comment
267	12/16/2015	Case Management	With regards to the note regarding timeframes specified in the DDRS Waiver Manual, commenter is not sure what provision of the manual is being referenced and recommends that this information be included in the definition.	Thank you for your comment.
268	12/16/2015	Case Management	Commenter stated that, because service standards seem duplicative of previously described reimbursable activities, it would be helpful to see greater clarification on how the service standards differ from reimbursable activities, as well as how these should be documented and monitored, particularly activities like "spend sufficient time."	Thank you for your comment. Implementation issues will be addressed in policy, procedures and training.
269	12/16/2015	Case Management	Commenter has no objection to the requirement for including the complete date and time entry on the data record for case management activities. However, commenter stated that proper implementation would require a modification to the Advocare system, which automatically imbeds the date the note was entered and the name of the note's author when the note is saved. Commenter stated that this is the part that should be modified to reflect time stamp and credentials.	Thank you for your comment. Implementation issues will be addressed in policy, procedures and training.
270	12/16/2015	Case Management	Commenter stated that, given the inclusion of Wellness Coordination within many services, it is not clear when it would be appropriate for the CM who is a licensed nurse to sign off with his/her title. Commenter stated that, given that there is no requirement that CM's be licensed nurses, and if they are acting in their capacity as a CM and not as a licensed nurse, this requirement could be confusing and misleading.	DDRS will review the service definitions to ensure there is no confusion
271	12/16/2015	Case Management	Commenter asked whether the CM is required to document any time the participant communicates with an RN or LPN. Commenter stated that if this is a requirement in the context of an individual receiving wellness supports, this seems like a difficult standard to meet since the CM is most likely not involved or aware of every interaction between the participant and nurse. Commenter stated that this would be more difficult if this requirement extended to other services and funding sources involving an RN or LPN.	Thank you for your comment

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272	12/16/2015	Case Management	<p>Commenter stated that it is not clear why the documentation requirements are separated for behavior specialists, psychiatrists, or pharmacists and not others that they may contact. Commenter asked "Shouldn't all contacts that CM's have with these and any professional or individual related to an individual served be documented?"</p> <p>Commenter also stated that the heavy emphasis on contact with medical providers may confuse the role/responsibilities with the Wellness Coordinator.</p>	These requirements are specific to the nature of these intensive services and reflect the importance of contacts with these disciplines to the ISP implementation
273	12/16/2015	Case Management	<p>Outside Waiver Amendment: Commenter recommended that DDRS work with CM organizations to develop a curriculum that meets the training requirements, so that all case managers are trained consistently and in a manner consistent with DDRS's expectations.</p>	Thank you for your comment
274	12/16/2015	RHS - Hourly	<p>Commenter stated that the service definition no longer includes reference to 460 IAC 13, which provides guidance to an individual based on his/her assessed level of need or ALGO. Without this as a reference, commenter asked how DDRS intends to identify how many hours an individual is eligible to receive. If this is at the discretion of the IST, commenter asks what type of guidance or framework the IST will be provided for making such determinations.</p>	Individuals will still receive an ALGO score as part of their assessment. However, DDRS will take a different approach and not directly correlate funding to those scores.
275	12/16/2015	RHS - Hourly	<p>Commenter stated that in the Documentation Standards in the separately published service definition, there is a requirement that the IST must provide documentation at least annually demonstrating that all options for RST have been explored and provide written justification when it is determined that RST is not a viable option for the individual. Commenter asked who on the IST is responsible for ensuring that the team completes this requirement, what information or criteria should the IST use to demonstrate what options have been explored, and what information or criteria should be included in the written justification.</p>	The requested implementation issues will be addressed in policy, procedures and training.
276	12/16/2015	RHS - Hourly	<p>Under the requirement for ISTs to explore the option of RST and provide written justification if it is not deemed appropriate, commenter asked whether this information should be provided to DDRS, how, and if not, how it should be stored.</p>	The requested implementation issues will be addressed in policy, procedures and training.
277	12/16/2015	Adult Family Living	<p>In reference to the preference to limit AFL to one adult participant per home, commenter asks how an individual would seek an exception. Commenter asks what criteria DDRS will use to evaluate requests for exceptions and what recourse an individual has if denied an exception.</p>	The requested implementation issues will be addressed in policy, procedures and training.

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278	12/16/2015	Adult Family Living	Commenter asked whether the reference to "family member" is intentional and how this comports with the latter limitation that family members will not be reimbursed for any time in excess of 40 hours per individual per 7 day period.	The term family member is used to refer to the inclusion of the waiver participant in the family and not to limit payment.
279	12/16/2015	Adult Family Living	Commenter asked how the 40 hour limitation would be applied with the agency provider is paid a daily rate and the individuals with whom the agency provider contracts with are usually paid as a monthly stipend.	It is the responsibility of the contracting agency to comply with federal and state labor laws
280	12/16/2015	Enhanced Residential Living	Commenter asked how frequently the determination should be considered /updated to determine whether ERL is needed.	At least annually all services provided to the waiver participant should be reviewed to determine if they are still meeting the person's needs or should be changed.
281	12/16/2015	Enhanced Residential Living	Commenter asked what the assessment criteria is that will be used in making the determination that an individual is eligible for ERL.	The information requested will be specified in policy, procedures and training
282	12/16/2015	Enhanced Residential Living	Commenter asked what recourse individuals will have if they are not determined to be eligible for the service.	Waiver participants retain appeal rights
283	12/16/2015	Enhanced Residential Living	Commenter asked who on the IST is responsible for ensuring that the team completes the requirement to demonstrate available Medicaid State Plan benefits are not available to meet the individual's needs.	The case manager is ultimately responsible to ensure that state plan services are used as appropriate
284	12/16/2015	Enhanced Residential Living	Commenter asked what information or criteria the IST should use to demonstrate what options have been explored in demonstrating that available Medicaid State Plan benefits are not available to meet the individual's needs.	The information requested will be specified in policy, procedures and training
285	12/16/2015	Enhanced Residential Living	Commenter asked how and where the determination should be captured when the IST demonstrates that available Medicaid State Plan benefits are not available to meet an individual's needs. Commenter also asked whether determination information should be submitted to DDRS and how it should be recorded or stored if not required.	The discussion should take place as part of the ISP meeting and should be documented in the ISP
286	12/16/2015	Enhanced Residential Living	Commenter asked how independent living is demonstrated or determined , by whom, and how it is recorded.	The implementation information requested will be provided in policy, procedures and training.
287	12/16/2015	Enhanced Residential Living	Commenter asked how an individual may demonstrate that 1:1 staffing is not required at all times during the day, that they are able to be in the community with minimal supports, and that they are able to demonstrate this through the application of independent living skills.	Qualified providers must have the ability to assess a person's needs and abilities including the amount of supervision needed and how the person demonstrates adaptive and functional skills, such as independent living skills. The implementation information requested will be provided in policy, procedures and training.
288	12/16/2015	Enhanced Residential Living	Commenter asked who is responsible for determining whether an individual meets independent living skills requirements, what criteria is used to make this determination, and what recourse the individual has if he/she does not meet the criteria.	Qualified providers must have the ability to assess a person's needs and abilities including the amount of supervision needed and how the person demonstrates adaptive and functional skills such, as independent living skills. The implementation information requested will be provided in policy, procedures and training.

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289	12/16/2015	Enhanced Residential Living	Commenter asked what "minimal support" means and how this is determined or assessed.	Qualified providers must have the ability to assess a person's needs and abilities including the amount of supervision needed and how the person demonstrates adaptive and functional skills such as independent living skills. The implementation information requested will be provided in policy, procedures and training.
290	12/16/2015	Enhanced Residential Living	Commenter requested clarification on DDRS's intent regarding "training and support that would allow opportunities for integrated employment" in light of later provisions that prohibit concurrent provision of two authorized services for the exact same time period in a day.	Under Medicaid, a provider cannot bill for two services at the exact same time. Training and support that would allow opportunities for integrated employment include activities such as training the person to dress appropriately for work and arrive at work on time.
291	12/16/2015	Enhanced Residential Living	Commenter asked what guidance ISTs will be provided in determining the frequency of face to face consultations with the Wellness Coordinator-- for example, if the ERL provider believes the frequency is too low to provide quality care, or too high and inconsistent with individual needs. Commenter asked what if the individual does not agree with IST's assessment and what recourse he/she has for reconsideration.	The implementation information requested will be provided in policy, procedures and training. The waiver recipient has the right to due process/appeal service decisions.
292	12/16/2015	Enhanced Residential Living	Commenter requested clarification as to how other services like extended support and community habilitation can be provided to individuals receiving ERL and other "daily" services since services may not be provided concurrently.	Under Medicaid, a provider cannot bill for two services at the exact same time.
293	12/16/2015	Enhanced Residential Living	Under Training Requirements, commenter recommends the following change: "The BDDS requires that each employee I in a direct support position complete a minimum 20 hours of training that includes the following components (reference to #1, 2, 3, and 4). Documentation that these components have been met must be maintained and able to be produced and the request of the state or its contracted agencies," then remove #3 as it could be considered a conflict with other provisions	Thank you for your comment
294	12/16/2015	Enhanced Residential Living	Commenter stated that the designation of one or more staff positions seems to suggest a dedicated FTE or more. Commenter stated that this could be a large hurdle for smaller providers and recommends changing the phrase to "sufficient staff"	The provider must designate staff who are responsible for training, if the person does this full or part-time or some other portion of their job is a provider agency's decision.
295	12/16/2015	Enhanced Residential Living	Commenter asked whether there will be additional guidance on determining what "essential knowledge, skills, and abilities" a staff member should have to be qualified to implement a staff training program.	The implementation information requested will be provided in policy, procedures and training

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296	12/16/2015	Enhanced Residential Living	Commenter asked for clarification about the criteria for making the determination that staff have essential knowledge, skills, and abilities and how this criteria should be documented.	The implementation information requested will be provided in policy, procedures and training
297	12/16/2015	Enhanced Residential Living	Commenter recommended defining the term "orientation" to ensure clarity in terms of the Division's expectations for what information/training is to be provided through orientation.	Thank you for your comment
298	12/16/2015	Enhanced Residential Living	Commenter recommended that computer-based training provided under supervision of the staff responsible for implementing staff training can be used to deliver any and all training requirements.	Thank you for your comment
299	12/16/2015	Enhanced Residential Living	Commenter expressed concern that completing an orientation at each site may not be practical for on-call or emergency staff who may be required to work at any of any agency's sites.	On-call/emergency staff must be provided an orientation to the people they are being requested to work with if they are to implement ISPs and meet medical and behavioral needs of people in the setting.
300	12/16/2015	Enhanced Residential Living	Commenter recommended that substitute staff be only required to complete an all-agency orientation training, including specific training like insulin administration if germane to the site at which substitute staff are working.	On-call/emergency staff must be provided an orientation to the people they are being requested to work with if they are to implement ISPs and meet medical and behavioral needs of people in the setting.
301	12/16/2015	Enhanced Residential Living	Commenter asked why there is a requirement for professionally licensed staff to include their titles.	If the staff person is hired because of that credential (i.e. their job requires them to be a nurse, social worker, etc.) then it is essential that they sign as specified.
302	12/16/2015	Enhanced Residential Living	Commenter asked what type of documentation is needed to document face to face contact with the participant and nursing staff, and any recommendations provided.	The implementation information requested will be provided in policy, procedures and training.
303	12/16/2015	Enhanced Residential Living	Commenter asked if documentation required for face to face contact is required for any RN or LPN or only those who are delivering components of WC.	Documentation of face to face contact is required
304	12/16/2015	Enhanced Residential Living	Commenter expressed concern that DDRS is giving less guidance to providers on expectations around wellness services when recent audits suggested more guidance and clarifications of expectations.	The implementation information requested will be provided in policy, procedures and training
305	12/16/2015	Enhanced Residential Living	Commenter asked how providers demonstrate that an RN is available to the individual and the IST of individuals receiving ERL 24 hours a day. Commenter asked what evidence would demonstrate that this standard is met and asked where this information would be documented.	The implementation information requested will be provided in policy, procedures and training.
306	12/16/2015	Intensive Residential Supports - Behavioral	Commenter expressed concern that the term "all-inclusive of the individual's needs" could be misperceived to mean that the IRS-B provider is responsible for all needs, including employment, community habilitation, facility habilitation, etc.	Thank you for your comment

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307	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked how temporary need is defined and asked if individuals who need services for several years would be considered temporary.	The ongoing need for the service will be assessed on a regular basis
308	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked what criteria the CRT will use to determine whether to endorse the behavior support plan.	The information requested will be specified in policy, procedures and training
309	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked what the timeframe would be for submitting a behavior support plan and what happens if the CRT does not endorse the behavior support plan.	The information requested will be specified in policy, procedures and training
310	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked whether "any member of the team" means any member of the CRT or any member of the IST under the requirement that the CRT, or any member of the team, shall make recommendations in writing to the IST and ISC as appropriate.	Members of the waiver recipients ISP team
311	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked what happens if the CRT makes a recommendation and then a member of the CRT makes an individual recommendation that contradicts or is in conflict with the CRT recommendation, which recommendation the IST should consider and respond to.	The information requested will be addressed in policy, procedures and training.
312	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked if the IST is required to respond or address the recommendations made by the CRT or member of the team, what timeframe, and how the response should be captured and communicated to the CRT.	The information requested will be addressed in policy, procedures and training
313	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked what happens if the IST does not accept and/or modifies a recommendation made by the CRT.	The information requested will be addressed in policy, procedures and training
314	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked what happens if the individual and their family/guardian do not accept a recommendation by the CRT? Commenter asked how this will be resolved in a timely manner and what recourse the individual will have to resolve the matter.	The information requested will be addressed in policy, procedures and training. The waiver recipient has the right to appeal service decisions.
315	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that it is unclear how some standards set forth in 460 IAC would apply to submitting documentation to demonstrate need for this IRS-B and the person's readiness and willingness to benefit from the intervention. Commenter recommended identifying the criteria expected for documentation to demonstrate the individual meets the eligibility criteria for IRS-B.	Thank you for your comment

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316	12/16/2015	Intensive Residential Supports - Behavioral	Commenter noted concern that the proposed rate structure is not Person Centered in that it does not appropriately recognize the unique needs of individuals with higher transportation needs due to geographic or accessibility reasons. Commenter also stated that it does not recognize the costs to provide that higher level of service. Commenter noted concern that this may create a disincentive to serve individuals with these needs, which will impact their ability to access needed services.	Thank you for your comment
317	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that, similarly, for Wellness, the proposed rate structure is not Person Centered in that it does not appropriately recognize the unique needs of those with higher medical needs or the costs to provide this higher level of service.	Thank you for your comment
318	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked what guidance ISTs will be provided in determining the frequency of face to face consultations with the Wellness Coordinator-- for example, if the IRS-B provider believes the frequency is too low to provide quality care, or too high and inconsistent with individual needs. Commenter asked what if the individual does not agree with IST's assessment and what recourse he/she has for reconsideration.	The information requested will be provided in policy, procedures and training. The waiver participant can appeal service decisions
319	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that it appears that the Individuals Eligible for IRS-B is repeated.	Thank you for your comment
320	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked whether individuals may use PAC in addition to IRS-B, assuming they were not being provided concurrently. IF not, commenter asks, what would be the basis of the prohibition.	The information requested will be addressed in policy, procedures and training. The waiver recipient has the right to appeal service decisions.
321	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked, if PAC and IRS-B may not both be provided to an individual, how would individuals be supported in deciding which service best fits their needs.	The information requested service addressed in policy, procedures and training. The waiver recipient has the right to appeal service decisions
322	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked, if PAC and IRS-B may not both be provided to an individual, what would happen if there is a disagreement among the IST or between the IST and the individual as to which service is most appropriate.	The information requested will be addressed in policy, procedures and training. The waiver recipient has the right to appeal service decisions.
323	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked, if PAC and IRS-B may not both be provided to an individual, what criteria will DDRS use to determine which individuals are eligible for which service.	The information requested individuals addressed in policy, procedures to training. The waiver recipient has the right to appeal service decisions
324	12/16/2015	Intensive Residential Supports - Behavioral	If an individual can use PAC and IRS-B non-concurrently, commenter asked, given the similarities between the services, what differences in service experience are anticipated?	The information requested will be addressed in policy, procedures and training. The waiver recipient has the right to appeal service decisions.

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325	12/16/2015	Intensive Residential Supports - Behavioral	Commenter requested clarification on DDRS's intent regarding "training and support that would allow opportunities for integrated employment" in light of later provisions that prohibit concurrent provision of two authorized services for the exact same time period in a day.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP.
326	12/16/2015	Intensive Residential Supports - Behavioral	Commenter requested clarification as to how other services like extended support and community habilitation can be provided to individuals receiving IRS-B and other "daily" services since services may not be provided concurrently.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP.
327	12/16/2015	Intensive Residential Supports - Behavioral	Under Agency Qualifications, in the third sentence at the end of the fourth line, commenter stated that it appears that the word "not" is missing.	Thank you for your comment
328	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked what criteria the CRT would use to evaluate agencies applying to provide IRS-B and whether that provider should first go through DDRS provider relations, and whether DDRS Provider Relations would facilitate the review with the CRT and communicate their decision to the DDRS Director.	The implementation information requested will be provided in policy, procedures and training.
329	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked what the implementation plan is to review and approve prospective provider applications to ensure a sufficient pool of willing and qualified providers.	The implementation information requested will be provided in policy, procedures and training.
330	12/16/2015	Intensive Residential Supports - Behavioral	Commenter recommended removing guidance on DSP training, as it is limited, or replacing it with the more extensive guidance included in the separately published service definition.	Thank you for your comment
331	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that in the Documentation Standards in the separately published service definition, there is a requirement that the IST must provide documentation at least annually demonstrating that all options for RST have been explored and provide written justification when it is determined that RST is not a viable option for the individual. Commenter asked who on the IST is responsible for ensuring that the team completes this requirement, what information or criteria should the IST use to demonstrate what options have been explored, and what information or criteria should be included in the written justification.	Thank you for your comment
332	12/16/2015	Intensive Residential Supports - Behavioral	Under the requirement for ISTs to explore the option of RST and provide written justification if it is not deemed appropriate, commenter asked whether this information should be provided to DDRS, how, and if not, how it should be stored.	The implementation information requested will be provided in policy, procedures, and training

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333	12/16/2015	Intensive Residential Supports - Behavioral	Commenter asked how contact/communication with the HSPP, behavior professional, psychiatrist, or pharmacist is required for any member of the IST. If so, commenter asked how this contact with be monitored or verified. If not, commenter asked to whom these standards for face to face contact apply.	The implementation information requested will be provided in policy, procedures, and training
334	12/16/2015	Intensive Residential Supports - Medical	Commenter asked how individuals or teams make referrals for individuals that may be eligible for IRS-B and who is responsible for compiling and sending documentation prior to the person being	The information requested will be specified in policy, procedures and training
335	12/16/2015	Intensive Residential Supports - Medical	Commenter recommended including criteria noting the individual is experiencing a significant increase in food intake, elimination of stool, and elimination of urine.	Thank you for your comment
336	12/16/2015	Intensive Residential Supports - Medical	Commenter asked if the requirement for the DSP to be awake would include only the time the person is at home or if this requirement is intended to say that staff should be present in the home regardless of whether the individual is in the home.	There is no need to be present if the person is not there.
337	12/16/2015	Intensive Residential Supports - Medical	Commenter asked who is responsible for ensuring that the functional and clinical assessment has been completed and what types of professionals should be completing the assessments. Commenter asked if there are specific assessments or tools that are expected or required.	The information requested will be specified in policy, procedures and training
338	12/16/2015	Intensive Residential Supports - Medical	Commenter noted concern that the proposed rate structure is not Person Centered in that it does not appropriately recognize the unique needs of individuals with higher transportation needs due to geographic or accessibility reasons. Commenter also stated that it does not recognize the costs to provide that higher level of service. Commenter noted concern that this may create a disincentive to serve individuals with these needs, which will impact their ability to access needed services.	Thank you for your comment
339	12/16/2015	Intensive Residential Supports - Medical	Commenter stated that, similarly, for Wellness, the proposed rate structure is not Person Centered in that it does not appropriately recognize the unique needs of those with higher medical needs or the costs to provide this higher level of service.	Thank you for your comment
340	12/16/2015	Intensive Residential Supports - Medical	Commenter stated that, unlike under ERL, there is no clarifying language included to indicate that the provision of transportation to community employment and employment activities and/or community volunteerism would be reimbursable under Community Employment Transportation. Commenter asked if this omission was intended and why.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for the provider to bill ERL.

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341	12/16/2015	Intensive Residential Supports - Medical	Commenter stated that the requirement for DSPs to be awake and available at all times in the person's home is directly contradicted by the permitted use of RST.	Thank you for your comment
342	12/16/2015	Intensive Residential Supports - Medical	Commenter asked whether individuals may use PAC in addition to IRS-M, assuming they were not being provided concurrently. IF not, commenter asks, what would be the basis of the prohibition.	The information requested will be addressed in policy, procedures and training. The waiver recipient has the right to appeal service decisions.
343	12/16/2015	Intensive Residential Supports - Medical	Commenter asked, if PAC and IRS-M may not both be provided to an individual, how would individuals be supported in deciding which service best fits their needs.	The information requested service addressed in policy, procedures and training. The waiver recipient has the right to appeal service decisions.
344	12/16/2015	Intensive Residential Supports - Medical	Commenter asked, if PAC and IRS-M may not both be provided to an individual, what would happen if there is a disagreement among the IST or between the IST and the individual as to which service is most appropriate.	The information requested will be addressed in policy, procedures the training. The waiver recipient has the right service appeal service decisions.
345	12/16/2015	Intensive Residential Supports - Medical	Commenter requested clarification as to how other services like extended support and community habilitation can be provided to individuals receiving ERL and other "daily" services since services may not be provided concurrently.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for the provider to bill
346	12/16/2015	Intensive Residential Supports - Medical	Commenter asked whether DDRS will address with the legislature, the expansion of Indiana Code requirements to include national accreditation requirements for ERL and IRS services.	Thank you for your comment
347	12/16/2015	Intensive Residential Supports - Medical	Commenter stated that under Agency Qualifications, the word "not" should be inserted before the word "currently."	Thank you for your comment
348	12/16/2015	Intensive Residential Supports - Medical	Commenter stated that it may make sense to remove limited guidance related to DSP training or replace it with more extensive guidance included in the separately published service definition.	Thank you for your comment
349	12/16/2015	Intensive Support Coordination	Commenter asked whether there is any requirement to document differing educational requirements for ISC's providing IRS-B or IRS-M or whether there is any requirement to share this with DDRS Provider Relations.	The information requested will be specified in policy, procedures and training
350	12/16/2015	Intensive Support Coordination	Commenter asked what the process is for seeking DDRS approval to provide ISC when educational requirements are not met. Commenter asked what criteria will be used to evaluate individuals seeking this approval and what recourse is available if the individual does not receive approval.	The information requested will be specified in policy, procedures and training
351	12/16/2015	Non-Medical Transportation	Commenter asked who is responsible for documenting the use and availability of natural supports.	The ISP team is required to have the discussion and the information is recorded in the ISP

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352	12/16/2015	Non-Medical Transportation	Under Exclusions, commenter asked what the community access group or individual services are. Commenter asked what an Individuals with Developmental Disabilities Service Center is.	DDRS appreciates this feedback and has made revisions
353	12/16/2015	Non-Medical Transportation	Commenter recommended not requiring transportation brokers (ex. City bus drivers) to be required to comply with required training and skills.	Thank you for your comment
354	12/16/2015	Remote Support Technology	Commenter recommends including Electronic Monitoring and other Support Technologies as separate definitions, because such a broad scope may dilute the safeguards currently in place for Electronic Monitoring.	Thank you for your comment
355	12/16/2015	Remote Support Technology	Commenter asked whether requirements and service standards included in the current Electronic Monitoring service definition will be included under RST.	The draft definition is inclusive of the service standards
356	12/16/2015	Remote Support Technology	Commenter asked whether all individuals need to provide consent in all situations where the service is being utilized by a single housemate in common areas of the home, but only when other housemates are not in the home.	The implementation information requested will be provided in policy, procedures and training.
357	12/16/2015	Remote Support Technology	Commenter asked how individuals demonstrate requirements for eligibility to use RST. Commenter asked who is responsible for gathering information, who makes the determination, and what criteria will be used to judge eligibility.	The implementation information requested will be provided in policy, procedures and training.
358	12/16/2015	Remote Support Technology	Commenter asked what the process is for receiving the approval of the Director for RST, and how it can be ascertained whether approval has already been provided. Commenter also asked if all remote support technologies require Director approval.	The implementation information requested will be provided in policy, procedures and training.
359	12/16/2015	Remote Support Technology	Commenter asked what recourse is available if approval is not granted.	The waiver participant will have the right to appeal the service decision.
360	12/16/2015	Remote Support Technology	Commenter asked what the RST Oversight Committee is, who the members are, their roles and responsibilities, and their background and expertise.	This language has been removed
361	12/16/2015	Remote Support Technology	Commenter stated that Additional Provider Qualifications is duplicated in the amendment.	Thank you for your comment
362	12/16/2015	Wellness Coordination	Commenter recommended that Tier requirements for face to face contact and consultation be reframed as minimum number of consultations within a month vs. the current weekly requirement, to provide greater flexibilities when individuals are absent from services due to hospitalizations or other activities. Commenter stated that this method is also more consistent with the monthly billing unit.	Thank you for your comment

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363	12/16/2015	Wellness Coordination	Commenter recommended that the requirement that the nurse provide DSP training on risk plans be modified to permit the RN/LPN to use their professional judgement in determining when it is appropriate to use a train-the-trainer approach to training on a risk plan or when direct training by the RN/LPN is warranted.	Thank you for your comment
364	12/16/2015	Wellness Coordination	Under Reimbursable Activities, commenter asked how "active involvement" is defined. Commenter asked if it means face-to-face involvement only or if other types of involvement would be permitted. If so, commenter asks, what types of involvement would be permitted.	The implementation information requested will be provided in policy, procedures and training.
365	12/16/2015	Wellness Coordination	Commenter asked who is ultimately responsible for ensuring that the Wellness Assessment, Plan, and Risk Plan are complete and entered into Advocare.	The person originating the document is responsible for uploading it.
366	12/16/2015	Wellness Coordination	Commenter stated that "with 14 days" should be corrected to "within 14 days" under Wellness Plans.	Thank you for your comment
367	12/16/2015	Wellness Coordination	Commenter recommended differentiating what documentation is required from a service note perspective and what the Wellness Coordination provider is required to design as a result of providing the service and often involves documentation requirements by other providers.	The implementation information requested will be provided in policy, procedures and training.
368	12/16/2015	Intensive Residential Supports	Commenter expressed concern that individuals will be unable to access these services as the proposed rates appear insufficient to attract a pool of willing and qualified providers.	DDRS is required to ensure there is an adequate number of qualified providers to deliver the service.
369	12/16/2015	Intensive Residential Supports	Commenter stated that proposed IRS services are premised on the individual having support needs that require 1:1 support plus ancillary services. However, the proposed rates for IRS-M and for IRS-B are based on costs experienced by existing ESN group homes, which are delivered in a shared staff model that spread the costs for services across four individuals. Because of this difference in approach, commenter stated that the proposed rate model does not provide sufficient resources to cover the required services and supports.	Thank you for your comment
370	12/16/2015	Intensive Support Coordination	Commenter stated that the proposed rate does not accurately reflect the increased time and responsibilities required under ISC. Commenter stated that ISC is expected to be a near tripling of current responsibilities but without a commensurate increase in the rate.	Thank you for your comment
371	12/16/2015	Intensive Support Coordination	Commenter expressed concern that the proposed rate is based on the current CM rate, which the commenter does not believe accurately compensates for the work related to the annual level of care determinations, person-centered planning, and related budget development.	Thank you for your comment

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372	12/16/2015	Intensive Support Coordination	Commenter expressed concern that the misalignment between the rate and responsibilities will not attract a sufficient pool of qualified and willing providers, creating a barrier to accessing this service.	DDRS is responsible for ensuring an adequate number of providers are available to provide each service
373	12/16/2015	Other	Commenter asked how DDRS will ensure, support, and enforce ISTs working together to plan holistic residential supports. Commenter asked what happens if there is a disagreement within or among ISTs about how supports are to be used, and how these disagreements will be negotiated and resolved.	The implementation information requested will be provided in policy, procedures and training.
374	12/17/2015	Enhanced Residential Living	Commenter asked if there is an expectation that a seasoned employee who would fill in during an emergency at a house be required to have 20 hours of training in that specific home.	The staff filling in at a house should be given person-specific training so they can implement ISPs and manage medical and behavioral needs
375	12/17/2015	Enhanced Residential Living	Commenter asked if the 3 year requirement of providing direct care training apply to onsite 20 hour training at each site. Commenter also asked if client specific training certification is an option for providing this 20 hour training?	The person providing the training should be an experienced, tenured staff. The shadowing and person-specific training is part of the 20 hours of required training.
376	12/17/2015	Enhanced Residential Living	Commenter asked how/where viability of Remote Support technology annual discussion will be documented and who is responsible for this documentation. Would it be the ERL provider or the case management company?	The information should be recorded in the ISP
377	12/22/2015	Intensive Residential Supports	Commenter stated that rates for Intensive supports are too low, and nothing is clear as to when these services would be applicable for an individual. Commenter asked how someone would transition either on or off, what happens to his/her home, etc. if he/she has to move to an approved provider, etc. Commenter stated that there is not enough information to make informed comments/questions.	The implementation information requested will be addressed in policy, procedures and training.
378	12/22/2015	Other	Commenter recommended that this amendment be denied until all information provided to stakeholders about the impact to all involved.	Thank you for your comment

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379	12/22/2015	Enhanced Residential Living / Intensive Residential Supports	<p>Commenter stated that the prohibition of concurrent services implies that residential services (including “Enhanced Residential Living”, “Intensive Residential Supports-Medical”, and “Intensive Residential Supports-Behavioral”) and other services may not be provided at the same time. Commenter is concerned that individuals receiving waiver services would need to choose either residential services or activities/therapies such as Music Therapy, Recreational Therapy, Behavioral Management, or DAYS services. Commenter stated that this does not address the needs of many of those receiving waiver services and that this would force most people to choose health and safety over quality of life, which would limit people’s ability to participate in their communities and place them in a more institution-like living situation.</p>	<p>Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for the provider to bill to ERL.</p>
380	12/22/2015	Non-Medical Transportation	<p>Commenter expressed concern that the changes to the transportation service will keep people from being able to attend appointments or work in the community. Commenter stated that the change in the service implies that a person can only have therapy if he/she is able to drive himself/herself or have significant natural supports, excluding those of fewer means who may be in most need of therapy.</p>	<p>The intent is to ensure that people use natural supports to the extent possible and that waiver services are used to support the person when natural supports are not an option.</p>
381	12/22/2015	Other	<p>Commenter expressed concern that eliminating “buckets” for DAYS services and Behavioral Support services might have a negative effect on those receiving waiver services. Commenter expressed that this might unfairly distribute therapies and DAYS services to those who can more easily communicate, leaving those out who don’t have the ability to advocate for themselves. Second, commenter stated that this might encourage people to jump from one service to another more frequently, affecting rapport-building, and shorter relationships with service providers will likely reduce people’s achieved outcomes while utilizing these services.</p>	<p>Thank you for your comments</p>
382	12/21/2015	Non-Medical Transportation	<p>Commenter stated that TRNO should allow for any and all transportation needs of a client. A DSP could document 3 types of TRNO in the proposed system in a given outing, community access, day program or a job, and a doctor appointment often happen in one day. Commenter stated that should staff document in error, it can negate the whole outing.</p>	<p>Thank you for your comments</p>

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383	12/21/2015	Case Management	Commenter stated that the Algo system was the closest thing so far to equalize like clients with corresponding budgets. Commenter stated that no longer basing supports on Algo level will affect how well a CM can write a plan or willing to fight for the client. Commenter recommended addressing the issues with the Algo rates instead of revamping the entire system.	Individuals will still receive an ALGO score as part of their assessment. However, DDRS will take a different approach and not directly correlate funding to those scores.
384	12/21/2015	Other	Commenter stated that if proposed changes are not easily understood by providers in the field, then they will confuse families. Commenter stated that families will continue to be confused and further set families against providers.	Training will be provided on the waiver changes for waiver participants, families, providers and other stakeholders prior to implementation.
385	12/21/2015	Other	Commenter stated that the proposed amendment does not address the problem of people not being able to access services because of lack of providers. Commenter stated that she lives in St. Joseph County and is unable to access nursing respite for her son. Commenter stated that her family has been told that the reimbursement rate is so low that a nurse cannot be sent to the home to provide those services.	Thank you for your comment
386	12/21/2015	Enhanced Residential Living / Intensive Residential Services	Commenter stated that the proposed amendment does not address the limit being put on families who care for there family member at home. Commenter stated that there is currently a 40 hour per week limit on families and that caregivers are hard to find. Because of this restriction, some qualified family members are prevented from working and hours go unused. Commenter asked if this restriction can be changed.	Thank you for your comment
387	12/19/2015	Other	Commenter stated that her son's day program service does not have a lunch service. Her son has autism and is concerned about others looking at his food and potentially taking his food. Commenter stated that if there were a lunch service available in his day program environment, it is more likely that others would not steal his food. Commenter asked if waiver providers can look at the possibly of bringing in a food service where people have a choice of healthier foods. This situation could also offer people with disabilities jobs and allow for additional integration and interaction with local community members (stores like Panera, Chipotle, etc.). Commenter stated that other programs offer nutritional supports during their programs (day care, schools, elderly care) and asked if state/federal government can propose this potential idea to improve people with disabilities' nutrition.	Thank you for your comments

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388	12/22/2015	RHS - Hourly	Commenter is in agreement with the increased emphasis on employment and integration under RHS. Commenter stated that it is unclear how agencies can make this operational but agrees that the increased attention to employment and integration is important. Since this does not address the "Day Services" component of the matrix, commenter stated that it will be important to address the caps and the specific services that people can choose.	Thank you for your comment
389	12/22/2015	Adult Family Living	Commenter stated that Adult Family Living is a good change and the focus on one person per setting is a positive change. Commenter stated that if the change is made with too few resources, training support, and coordination, the service will not be selected by waiver participants.	Thank you for your comments
390	12/22/2015	Intensive Support Coordination	Commenter stated that, while ISC is a positive change, the goals stated may not be achievable at the proposed rates.	Thank you for your comment
391	12/22/2015	Other	Commenter stated the small increase in rates addresses some issues for providers, waiver participants, and their families.	Thank you for your comment
392	12/22/2015	Extended Services	Commenter expressed satisfaction with the inclusion of Extended Services.	Thank you for your comment
393	12/22/2015	Other	Commenter stated that the proposed model could push people into larger settings rather than smaller, more integrated settings.	Thank you for your comment
394	12/22/2015	Other	Commenter stated that there is not a plan to address people with dual diagnosis, which will result in continued spending on extra staff. Without such a plan, commenter stated that stakeholders will again rely on greater staffing of more lower paid people to keep people safe or contained.	The addition of Intensive Supports Behavioral is intended to address the needs of people with complex behavioral needs and has an enhanced focus on clinical supports.
395	12/22/2015	Other	Commenter expressed concern that the waiver amendment could lead to less choice, less community integration and a greater degree of difficulty in meeting people's real needs than the current system and exacerbate the current DSP crisis.	Thank you for your comment
396	12/22/2015	Other	Commenters recommended that DDRS reconsider changes to services that currently work well for waiver participants. Commenter attached the email the Music Therapists form letter submitted by others.	Thank you for your comment
397	12/21/2015	Other	Commenter recommended approaching the elimination of "buckets" carefully, as this change could limit choice and resources available to people.	Thank you for your comment
398	12/21/2015	Other	Commenter stated that it understands the rationale for removal of buckets, but stated that it had hoped there would be more emphasis on the use of supported decision-making with an added emphasis on choice.	Thank you for your comment

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399	12/21/2015	Other	Commenter stated that the push towards natural supports appears misguided and assumes that providers and teams have omitted this from current planning and consideration related to supporting the individual. Commenter stated that the fact that a person receives supports indicates that he/she needs assistance above and beyond the current level of natural supports.	Thank you for your comment
400	12/21/2015	Behavior Support Services	Commenter stated that, prior to the proposed change, Behavior Support Services relies on consistency, responses to new behavioral issues, and opportunities to receive increased reimbursement during behavioral emergencies. Commenter stated that all of the current policies align with the values of Behavior Support Services, allowing Specialists flexibility in using various interventions and tools. Commenter stated that as long as these tools are still available to Behavior Support Specialists, then many of the recipients can still benefit from the consistent support from their specialists.	Thank you for your comment
401	12/21/2015	Case Management	Commenter expressed support of the stricter requirements in documentation and increased proof of participation by case managers. Commenter also supports guidelines in favor of individual initiative, autonomy, and independence in making life choices.	Thank you for your comment
402	12/21/2015	Remote Support Technology	Commenter stated that, as the use of technology continues to grow in Waiver services, the State must be creative in utilizing a number of viable options other than paid support.	Thank you for your comment
403	12/21/2015	Intensive Residential Support - Behavioral / Intensive Residential Support - Medical / Intensive Support Coordination	Commenter stated that these services violate Federal Medicaid regulations for HCBS Waivers, because they isolate people from the broader community. Commenter stated that by utilizing settings that are already used for intermediate care for individuals with intellectual disabilities, Indiana would be utilizing group homes that isolate people from the broader community. Commenter stated that even though IRS-Behavioral allows for 10 hours of CHIO per month, community habilitation and integration is severely limited.	Please re- read the service definition and the provider qualifications.
404	12/21/2015	Intensive Residential Support - Behavioral / Intensive Residential Support - Medical / Intensive Support Coordination	Commenter stated that ISC would be unnecessary due to IRS-B and IRS-M not being allowable under current federal CMS guidelines. Commenter stated that this service description does not include enough details about transition planning to receive support from the group commenting.	The implementation information requested will be included in policy, procedures and training.

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405	12/21/2015	Enhanced Residential Living	Commenter recommended changing the language related to concurrent services under Activities Not Allowed to say: "The concurrent provision of two authorized services for the exact time period in a day; for example, providers may not bill for PAC while receiving ERL during the same time because only one service can be rendered at one time. Because ERL is a Daily Rate, other services can be billed during the day, but they cannot be services that are duplicative in primary service objectives."	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for the provider to bill ERL
406	12/21/2015	Enhanced Residential Living	Commenter stated that many providers already have an orientation period that is 20+ hours of training. Commenter stated that if Indiana is trying to formalize training requirements to help calculate rate reimbursement for ERL and RHS-Hourly, it is important to note that training varies depending on the individualized needs of the person supported.	Thank you for your comment
407	12/21/2015	Enhanced Residential Living	Commenter stated that if the state compiles training information into a database, it is hopefully that these requirements could help create a DSP Registry in Indiana to identify abusive, neglectful, or exploitative DSPs in the state. Commenter stated that the Nurse Aid registry does not provide this information about DSPs, creating an environment which makes hiring skilled and competent DSPs even more challenging for providers.	Thank you for your comment
408	12/21/2015	RHS - Hourly	Commenter stated that it would like to further reiterate its need for the state to provide tools and resources to help solve the DSP crisis in Indiana.	Thank you for your comment
409	12/21/2015	Adult Family Living	Although commenter is not opposed to the change, commenter stated that it is important that DDRS ensures that it keeps language about natural supports clear in all CIH services. The DDRS current waiver manual states that services provided by family members may not exceed a combined total of 40 hours per week. Commenter stated that by including this language in the SFC definition, some confusion may be eliminated about whether a person is considered a paid support or a natural/unpaid support.	Thank you for your comment. The implementation concerns raised will be addressed in policy, procedures and training.

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410	12/21/2015	Non-Medical Transportation	Commenter expressed concern that the way Transportation services have been broken into two services may eliminate some of the important uses of transportation for the people supported under the CIH Waiver. Commenter stated that, because of the diverse array of services the commenter's agency offers, it is important to specify whether certain services, including Music Therapy, are included in the exclusions section or the allowable section.	Thank you for your comment. The implementation concerns raised will be addressed in policy, procedures and training.
411	12/21/2015	Extended Services	Commenter stated that services like Music Therapy do not have separate transportation funding streams but sometimes require a person to use transportation to attend a session. By allowing services like Music Therapy to be billable, commenter stated that the CIH Waiver would further skill development for people receiving important therapeutic services.	Thank you for your comment
412	12/21/2015	Employment Transportation	Commenter stated that the current DDRS guidelines for transportation services already allow for community employment transportation, while also allowing a person receiving this service to have a full range of choices on how to use transportation for their choice of activities. Commenter stated that if improvements are made to Case Management services and the person receiving services directs their IST meetings, the current services can remain to encourage people to choose what they want to do and where they want to go.	Thank you for your comment
413	12/21/2015	Wellness Coordination	Commenter stated that the increased clarity on documentation standards and reimbursable activities, the new service definition does not suggest that an increase in reimbursement would accompany the service change. Commenter is concerned that all the time spent by an RN or LPN would not be fully reimbursed under the new service definition.	There was no change in the Wellness Coordination definition
414	12/21/2015	Enhanced Residential Living	Commenter stated that requiring all Wellness Coordination data to be placed in Advocare is an important and valuable way to ensure that data is analyzed to show whether people receiving the service have improved health outcomes. Commenter stated that this is also an important and simple approach to ensuring that IST members can track and understand changes in health.	Thank you for your comment
415	12/24/2015	Residential Habilitation & Supports	Commenter stated that the 40 hour limit puts limits on traditional families and recommended that RHS should be modified so that anyone willing to meet the Waiver-defined qualifications can provide care as a paid employee.	Thank you for your comment

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416	12/24/2015	Residential Habilitation & Supports	Commenter stated that there is no cost differential to the state if a Waiver participant chooses relatives or non-relatives to provide services. Commenter also stated that employment by a Waiver-approved provider means that anyone providing services must be trained, capable, and willing to provide services	Thank you for your comment
417	12/24/2015	Residential Habilitation & Supports	Commenter stated that as the service definition is written, the provider can be reimbursed only for RHS services provided on the day of admission and day of discharge from a hospital, while intervening days are not covered. Commenter stated that for someone with speech and other challenges, the participant may have no one who can understand him/her, provide special care, and no one to explain to him/her what is happening during the stay. Commenter recommended allowing reimbursable services during hospital stays for waiver participants. To alleviate concerns of abuse, commenter recommended extending this allowance only to individuals permitted based on need determined by the IST.	Thank you for your comment
418	12/24/2015	Intensive Residential Supports - Medical	Commenter quoted the introductory paragraph, stating that the focus is "clearly on those individuals with complex medical needs <u>and</u> who demonstrate 'a <u>temporary</u> need.' As such the service does not apply to an individual with complex medical needs but whose needs are ongoing (i.e., not temporary). As such, this service makes sense and I have no comment. If, however, the paragraph is worded poorly, then I ask for an extension for further comments after the service description has been clarified."	Thank you for your comment
419	12/24/2015	Non-Medical Transportation	Commenter noted that the word "intensive" was struck from the posted service definition. Commenter requested clarification that the service applies only for ERL.	Thank you for the comment
420	12/24/2015	Other	Commenter agrees that removal of buckets is a better approach than the use of buckets for allocating funds.	Thank you for your comment
421	12/24/2015	Intensive Residential Supports - Behavioral / Intensive Residential Supports - Medical	Commenter stated that it is unclear for whom the CRT will be utilized.	The CRT is used for people enrolled in Intensive Residential Support-Behavioral or Medical
422	12/24/2015	Other	Commenter stated that residential providers have always received person-specific training. If the goal is to increase this training, commenter asked for clarification on which topics training will be increased.	The intent is to ensure that all new staff receive at least 20 hours of training, including person specific training

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423	12/23/2015	Enhanced Residential Living	Commenter stated that the rates for ERL are based on the site and not the needs of individuals, which could lead to an individual in the home receiving less service than on the current system. Commenter stated that there is no clear explanation of how shared staffing should be utilized based on the rates. Commenter stated that this could lead to individuals being forced to move to new living situations in order to maintain their current level of residential services and not allow them to express their choice of roommates.	Thank you for your comments
424	12/23/2015	Enhanced Residential Living	Commenter stated that "minimal supports" needs to be clearly defined. Commenter asked: "If an individual's only way to access the community is with the assistance of a DSP, would that be considered minimal?"	The implementation information requested will be included in policy, procedures and training
425	12/23/2015	Enhanced Residential Living	Commenter stated that clarification is needed to ensure that individuals who have ERL are not prohibited from accessing other services if ERL has been provided in the same day.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP. A person must be present for at least a portion of the day for which services were provided.
426	12/23/2015	Adult Family Living	Commenter recommended revising IAC 460-6 to better reflect the nature of the model in order to empower both providers and individuals to utilize AFL.	Code will be modified as needed
427	12/23/2015	Intensive Residential Supports - Behavioral	Commenter acknowledged that the \$350/day rate is the base rate. However, commenter stated that certain services will cost a provider around \$550/day. Commenter stated that starting with the \$350/day rate may create a disincentive to serve individuals who may be at the lower-end need of this service.	Thank you for your comment
428	12/23/2015	Intensive Residential Supports - Behavioral	Commenter stated that there is no clear understanding as to how the final rate for an individual utilizing this service is determined. Commenter stated that it appears that the CRT has the final determination. Commenter asked what process the CRT will use and what options the IST will have if it disagrees with the CRT's decision.	The CRT will work collaboratively with the ISP team to ensure services best meet the needs of the waiver participant. The waiver participant can appeal service decisions.
429	12/23/2015	Intensive Residential Supports - Behavioral	Commenter stated that there is no clear indication of what defines temporary need. Commenter asked what timeframe would be considered temporary.	The implementation information requested will be provided in policy, procedures and training
430	12/23/2015	Intensive Residential Supports - Behavioral	Commenter requested clarification to ensure that individuals receiving IRS-B will not be prohibited from accessing other services if IRS-B has been provided in the same day.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP.
431	12/23/2015	Intensive Residential Supports - Behavioral	Commenter stated that bundling transportation and wellness creates a lack of transparency in determining whether the individual is fully receiving these services.	Thank you for your comments

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432	12/23/2015	Intensive Residential Supports - Behavioral	Commenter stated that the rates for Wellness and Transportation do not appear to be person-centered and do not account for individuals in need of a higher level of care for these services. Commenter stated that this could create a disincentive to serve individuals with the greatest needs.	Thank you for your comment
433	12/23/2015	Intensive Residential Supports - Medical	Commenter requested clarification to ensure that individuals receiving IRS-M will not be prohibited from accessing other services if IRS-M has been provided in the same day.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP
434	12/23/2015	Intensive Residential Supports - Medical	Commenter stated that bundling transportation and wellness creates a lack of transparency in determining whether the individual is fully receiving these services.	Thank you for your comment
435	12/23/2015	Intensive Residential Supports - Medical	Commenter stated that the rates for Wellness and Transportation do not appear to be person-centered and do not account for individuals in need of a higher level of care for these services. Commenter stated that this could create a disincentive to serve individuals with the greatest needs.	Thank you for your comment
436	12/23/2015	Intensive Residential Supports - Medical	Commenter acknowledged that the \$250/day rate is the base rate, but stated that it is extremely low. Commenter stated that starting with a rate this low is a disincentive to serve people who may be at the lower-end of needs with this service.	Thank you for your comment
437	12/23/2015	Intensive Residential Supports - Medical	Commenter stated that there is no clear understanding as to how the final rate for an individual utilizing this service is determined. Commenter stated that it appears that the CRT has the final determination. Commenter asked what process the CRT will use and what options the IST will have if it disagrees with the CRT's decision.	The CRT will work collaboratively with the ISP team to ensure services best meet the needs of the waiver participant. The waiver participant can appeal service decisions.
438	12/24/2015	Remote Support Technology	Commenter asked what the process would be for obtaining Director approval for technology.	The implementation information requested will be provided in policy, procedure and training
439	12/24/2015	Remote Support Technology	Commenter asked whether there will be new certifications for providers with whom Agencies can contract.	The implementation information requested will be provided in policy, procedure and training
440	12/24/2015	Remote Support Technology	Commenter asked what happens if a combination between staffing and RST equals 24/7 support. Commenter asked whether this would disqualify a person.	RST is allowable in lieu of staff
441	12/24/2015	Remote Support Technology	Commenter asked whether the requirement to justify that RST is not appropriate means that ERL is not available until this justification is provided. Commenter asked how ERL recipients will be able to use RST as allowed in Reimbursable Activities. Commenter asked who determines or decides if all options have been explored and to whom this information is submitted.	The discussion should take place as part of the ISP meeting and should be documented in the ISP

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442	12/24/2015	Remote Support Technology	Commenter asked if all individuals living in the home need to provide consent in situations where the service is being utilized by a single housemate in common areas of the home but only when other housemates are not home.	The implementation information requested will be addressed in policy, procedures and training.
443	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked how providers determine if behavioral needs are interfering with an individual's ability to benefit from other supports and services or jeopardizing their health and well being or that of others.	Qualified providers are expected to be able to assess the abilities and needs of the waiver participant and to recommend the need for various services and/or determine that a service will not meet their service needs.
444	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked how individuals or teams make referrals for individuals who may be eligible for this service. Commenter asked who compiles documentation.	The implementation information requested will be addressed in policy, procedures and training.
445	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked who has the final decision on the ISP. Commenter asked if "any member of the team" means any member of the CRT or any member of the IST.	The implementation information requested will be addressed in policy, procedures and training.
446	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked who comprises the CRT and what their qualifications are.	DDRS will select the Clinical Review Team through the official procurement process and will provide that information to the public after procurement concludes
447	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked what happens if the CRT does not endorse or approve of the ISP. Commenter asked what happens if the family/IST team does not accept or modifies a CRT recommendation.	The CRT will work collaboratively with the ISP team. The waiver participant is able to appeal service decisions
448	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked if the CRT makes recommendations, is the IST required to respond to or address them. Commenter asked what the timeframe for response would be.	The implementation information requested will be addressed in policy, procedures and training.
449	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked if the NOA will pay for all services like HSPP access, BCBA/LMHC availability, etc. or if they will be part of the reimbursement rate. Commenter stated that this seems to be an extraordinary amount of support for an individual.	Waiver participants who are eligible for this service have a high level of need and require consistent, intensive interventions and oversight of clinically qualified staff.
450	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked who develops the BSP, trains DSPs, and consults with the team.	The implementation information requested will be provided in policy, procedures and training
451	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked how the use of RST can work in lieu of face to face supports when an individual requires more intensive behavioral supports.	RST may be used to fade staff support and/or provide the person more independence or autonomy as an integral part of the behavior support plan
452	12/24/2015	Intensive Residential Support - Behavioral	Commenter noted that the concurrent provision of two authorized services for the exact same time period in a day is listed under Activities Not Allowed. Commenter asked, if this is the daily rate, how do they determine when providers are billing or not billing and other services such as Rec Therapy, Behavior and Day Programs are being utilized.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP
453	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked for clarification on training and requirements with regards to the 20 hour person-specific training requirement. Commenter stated that this training will require that all staff be trained on all homes in case they need to fill in, which will increase training costs.	The implementation information requested will be addressed in policy, procedures and training

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454	12/24/2015	Intensive Residential Support - Behavioral	Commenter asked what other qualifications DDRS is considering for providers that have not operated an ESN home. Commenter asked how these providers would apply and whether there is a plan in place to review and approve prospective providers.	The implementation information requested will be addressed in policy, procedures and training
455	12/24/2015	Intensive Residential Support - Behavioral	Commenter noted that the service is described as "all-inclusive" of the person's needs. Commenter stated that this could be perceived to mean that the provider is responsible for all needs including employment, community hab, facility hab, etc.	Thank you for your comment
456	12/24/2015	Intensive Residential Support - Behavioral	Commenter stated that some individuals may continue to require this level of support long term. Commenter asked how long this service will be provided at this level of intensity.	A waiver participants continued need for this service will be assessed on a regular basis and changes made as appropriate based on the individual's needs
457	12/24/2015	Intensive Residential Support - Behavioral	Commenter stated that no specific reimbursable activities providing guidance on wellness expectations have been provided.	Thank you for your comment
458	12/24/2015	Intensive Residential Support - Behavioral	Commenter stated that there is no clarifying language included to indicate that the provision of transportation to community employment and employment activities and/or community activities will be reimbursable under Community Employment Transportation. Commenter asked whether this was omitted.	Thank you for your comment
459	12/24/2015	Enhanced Residential Living	Commenter asked who makes the determination the an individual is eligible to receive the service. Commenter asked how often the assessment will be updated or evaluated and whether there is an appeal process if individuals are determined not eligible for the service.	A waiver participants continued need for this service and all other authorized services will be assessed on a regular basis and changes made as appropriate based on the individual's needs. The waiver participant retains appeal rights.
460	12/24/2015	Enhanced Residential Living	Commenter asked who determines or ensures that the requirement to demonstrate that available Medicaid State Plan benefits are not able to meet an individual's needs, is met. Commenter asked what documentation or criteria is needed to determine this or how it is recorded.	The ISP team should have the discussion about what services (state plan and waiver) appropriately meet the person's needs based on assessed needs and this information should be documented in the ISP.
461	12/24/2015	Enhanced Residential Living	Commenter asked how providers determine if a person can live independently but still need supports. Commenter asked how this would be recorded.	Qualified providers are expected to be able to assess the abilities and needs of the waiver participant and to recommend the need for various services and/or determine that a service will not meet their service needs. This information should be documented in the ISP.
462	12/24/2015	Enhanced Residential Living	Commenter asked who is responsible for making the determination that a person does not require 1:1 staffing and how this is demonstrated.	Qualified providers are expected to be able to assess the abilities and needs of the waiver participant and to recommend the need for various services and/or determine that a service will not meet their service needs. This information should be documented in the ISP.
463	12/24/2015	Enhanced Residential Living	Commenter asked what "minimal support" means and how this is determined or assessed.	The implementation information requested will be provided in policy, procedures and training

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464	12/24/2015	Enhanced Residential Living	Commenter stated that the Person Centered Plan is not consistently used the same within different CM entities. Commenter stated that the process does not always produce clear outcomes. Commenter asked whether this will be standardized by the state.	Thank you for the comment
465	12/24/2015	Enhanced Residential Living	Commenter asked whether the Residential provider will be responsible for providing employment supports for job development and training. Commenter stated that DSPs are not trained on job development and training processes.	The residential provider is not responsible for providing the employment services but is responsible for ensuring that the person is prepared to participate in these services i.e. groomed, has transportation, is on time. Etc.
466	12/24/2015	Enhanced Residential Living	Commenter asked, if this is a daily rate, how will it be determined when providers are billing or not billing and other services such as Rec Therapy, Behavior and Day programs are being utilized.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP
467	12/24/2015	Enhanced Residential Living	Commenter asked whether providers must have at least one FTE available to train all staff. Commenter asked whether this could be determined by the number of staff/consumers within an agency requiring training.	Providers must specify who is responsible for training as a part of their job duties, the provider determines if this is or is not a full FTE.
468	12/24/2015	Enhanced Residential Living	Commenter asked for clarification as to what "essential knowledge" means.	Essential knowledge is the ability to complete the required tasks and functions.
469	12/24/2015	Enhanced Residential Living	Commenter asked if there will be guidance from the state related to the designated staff position for training.	The implementation information requested will be provided in policy, procedures and training.
470	12/24/2015	Enhanced Residential Living	Commenter asked what determines or defines orientation, what could be included in the 20 hours of training (shadowing, videos, etc.).	The implementation information requested will be provided in policy, procedures and training.
471	12/24/2015	Enhanced Residential Living	Commenter asked whether there are options or suggestions on how to cover emergency staffing issues.	Providers are responsible for managing the agency staffing and ensuring coverage for authorized services
472	12/24/2015	Enhanced Residential Living	Commenter asked who on the IST is responsible for ensuring that the team completes the requirement to annually demonstrate that all options for RST have been explored and provide written justification when it is determined that RST is not a viable option.	The ISP team is required to have the discussion and the information is recorded in the ISP
473	12/24/2015	Enhanced Residential Living	Commenter asked how it will work if one housemate is eligible but other housemates do not meet requirements for RST.	The implementation information requested will be provided in policy, procedure and training
474	12/24/2015	Adult Family Living	Commenter asked if a family member can provide the service, does this limit them to the 40 hour limitation if the agency provider is paid a daily rate or monthly stipend?	The provider is required to comply with applicable DOL wage and hour requirements
475	12/24/2015	Adult Family Living	Commenter asked whether the provider can be a guardian.	The provision only applies to adult waiver participants.
476	12/24/2015	Adult Family Living	Commenter asked what is a "Hiring Agreement"	This refers to the agreement the agency has with the person providing the service

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477	12/24/2015	Adult Family Living	Commenter asked if there is a required number of hours or a limit of hours that need to be provided under AFL.	The service requirements are discussed in the planning process and documented in the ISP
478	12/24/2015	Intensive Residential Supports - Medical	Commenter requested for clarification regarding the term "temporary" for individuals experiencing chronic conditions that may require long term intervention.	A waiver participants continued need for this service will be assessed on a regular basis and changes made as appropriate based on the individual's needs
479	12/24/2015	Intensive Residential Supports - Medical	Commenter asked if the requirement for the DSP to be awake would include only the time the person is at home or if DSPs may be on-call.	If the waiver participant is not in the home the DSP would not need to be on duty
480	12/24/2015	Intensive Residential Supports - Medical	Commenter asked who is responsible for completing the plans and training staff and what tools are expected to be utilized or required.	The implementation information requested will be provided in policy, procedures and training
481	12/24/2015	Intensive Residential Supports - Medical	Commenter asked for clarification regarding "active involvement" in team meetings.	The implementation information requested will be provided in policy, procedures and training.
482	12/24/2015	Intensive Residential Supports - Medical	Commenter stated that the Person Centered Plan is not consistently used the same within different CM entities. Commenter stated that the process does not always produce clear outcomes. Commenter asked whether this will be standardized by the state.	Thank you for your comment
483	12/24/2015	Intensive Residential Supports - Medical	Commenter asked whether the Residential provider will be responsible for providing employment supports for job development and training. Commenter stated that DSPs are not trained on job development and training processes.	The residential provider is not responsible for providing the employment services but is responsible for ensuring that the person is prepared to participate in these services i.e. groomed, has transportation, is on time. Etc.
484	12/24/2015	Intensive Residential Supports - Medical	Commenter asked, if this is a daily rate, how will it be determined when providers are billing or not billing and other services such as Rec Therapy, Behavior and Day programs are being utilized.	Under Medicaid, a provider cannot bill for two services at the exact same time. Billing a daily rate does not preclude a waiver enrollee from receiving other services as specified in their ISP
485	12/24/2015	Intensive Residential Supports - Medical	Commenter asked what other qualifications DDHS is considering for providers that have not operated an ESN home. Commenter asked how these providers would apply and whether there is a plan in place to review and approve prospective providers.	The implementation information requested will be provided in policy, procedures and training
486	12/24/2015	Intensive Residential Supports - Medical	Commenter asked how RST would be appropriate in lieu of face-to-face if the service includes the provision of onsite direct care staff be awake and available at all times and monitoring and care at least once every hour.	RST may be used to fade staff support and/or provide the person more independence or autonomy as an integral part of the behavior support plan
487	12/24/2015	Non-Medical Transportation	Commenter asked who determines if and when all natural supports have been exhausted. Commenter asked what type of documentation would be used to prove this.	The implementation information requested will be provided in policy, procedures and training
488	12/24/2015	Wellness Coordination	Commenter requested clarification on whether consultation can include face to face or be without client direct involvement.	The implementation information requested will be provided in policy, procedures and training

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489	12/24/2015	Wellness Coordination	Commenter asked for clarification on "active involvement" in all team meetings.	The implementation information requested will be provided in policy, procedures and training
490	12/24/2015	Wellness Coordination	Commenter asked who is responsible for completing the Wellness Assessment in Advocare.	The person who completes the assessment/document is responsible for uploading
491	12/24/2015	Rate Methodology	Commenter stated that the rate for IRS does not lend itself to providers looking at providing this service with the requirements of Behavior, increased staffing levels, training, transportation, and wellness.	Thank you for your comment
492	12/24/2015	Rate Methodology	Commenter requested that her son continue to receive Music Therapy through the CIH Waiver, as it has helped him learn how to speak and helps him much more than speech therapy.	Thank you for your comment
493	12/27/2015	Intensive Residential Supports - Behavioral	Commenter stated that, as it is written, the service will not appropriately serve clients. Commenter stated that, if an individual in behavioral crisis, is not with an approved provider of ESN services, they will most likely have to transition to a new provider, new staff, new Behavior Consultant, and potentially a new home. Commenter stated that ESN homes are currently limited and the lack of choice may undermine stability for a person.	Thank you for your comments
494	12/27/2015	Intensive Residential Supports - Behavioral	Commenter stated that, for the service to work for an individual, it should be delivered in a timely manner by team members who are familiar with the individual.	Thank you for your comment
495	12/28/2015	Other	Commenter expressed general concern with changes that will result from the proposed Waiver amendment.	Thank you for your comment
496	12/28/2015	Non-Medical Transportation	Commenter stated that several guardians and families have expressed concerns that the approved destinations for Non-Medical Transportation may not include trips to Facility Habilitation locations. Commenter stated that they were also curious as to who determines when "all natural supports have been exhausted." Commenter asked whether these services may be used for transportation to community jobs for those in Extended Services without going through Vocational Rehab. Commenter stated that it would be helpful to receive clarification on this change before the amendment is submitted as this can drastically impact the mobility and independence of those served and their families.	Thank you for your comments. The additional implementation information requested will be provided in policy, procedure and training which will be completed prior to the implementation of the new waiver services.

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497	12/28/2015	Transportation	<p>Commenter noted that, in the Webinar, DDRS stated that it will be moving away from using Algo levels to determine budget and that a new methodology will be determined. Commenter recommended involving as many treatment team groups as possible when exploring other budgeting options. Commenter stated that sometimes, clients and their families have expressed concerns that their needs are inefficiently addressed by the Algo number they were assigned. Commenter recommended developing a new methodology that would take the caregivers' and support team's experiences with clients into account would allow for a more personalized and accurate representation of needs that a standardized questionnaire does not.</p>	<p>Individuals will still receive an ALGO score as part of their assessment. However, DDRS will take a different approach and not directly correlate funding to those scores.</p>
498	12/28/2015	Other	<p>Commenter stated that the base daily rates for the Intensive Residential Support services seem inadequate when taking into account the variety of other required services those individuals will use. Commenter recommended taking a more in-depth look at current clients that meet the IRS services model to set a more accommodating and realistic daily rate.</p>	<p>Thank you for your comment</p>
499	12/28/2015	Intensive Residential Supports - Behavioral / Intensive Residential Supports - Medical	<p>Commenter stated that the new Intensive Residential Services definition implies that a person receiving waiver services would need to choose either residential services or activities/therapies such as Music, Recreation, Behavior and Day Hab. Commenter expressed concern that the selection of IRS will force individuals to choose health and safety over quality of life. Commenter asked whether there is a way to incorporate therapy and day hab services with the continuity of current providers into IRS. Commenter expressed concerns about checks and balances with all of an individual's services being delivered by one provider.</p>	<p>Thank you for your comments. The additional implementation information requested will be provided in policy, procedure and training which will be completed prior to the implementation of the new waiver services.</p>
500	12/28/2015	Participant Assistance and Care	<p>Commenter asked: Has there been a determination regarding the rate increase to Community Habilitation Group and if so, what will that look like?</p>	<p>Any rate changes or increases will be announced through the DDRS list serve</p>
501	12/28/2015	Other	<p>Commenter expressed concurrence with INARF's comments.</p>	<p>Thank you, please see responses to the INARF submittal earlier in this document</p>
502	12/28/2015	Community Habilitation	<p>Commenters stated that the 10 hour limitation under CHIO has affected their son's progress.</p>	<p>DDRS will look into the issue mentioned here.</p>
503	12/28/2015	Participant Assistance and Care	<p>Commenter expressed approval of the inclusion of PAC under the proposed changes.</p>	<p>Thank you for your comment</p>

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504	12/28/2015	Participant Assistance and Care	Commenter expressed concern over the requirement to allow participants the ability to consult with a nurse as needed, as it does not currently have nursing staff and stated that participants have not needed this through the provider, as the provider consults directly with the participant's health care provider as needed.	In order to offer this service the provider would have to make this option available to the participant
505	12/28/2015	Intensive Residential Supports - Behavioral	Commenter stated that the daily rate should be an option for people who currently do not live in shared settings, but who exhaust a lot of resources. Commenter stated that the flexibility and creativity afforded with a daily rate should be considered before an individual is referred to IRS-B.	A person should be referred to IRS-Behavioral based on their assessed needs
506	12/28/2015	Wellness Coordination	Commenter stated that the definitions and implementation around Wellness could still use some significant improvement. Commenter stated that the structure of the current service delivery and definitions are limiting, especially for the consumers who most need the service. Commenter recommended using a per unit reimbursement with a monthly cap associated with the Health Score or it could be folded into RHS.	Thank you for your comments
507	12/28/2015	Other	Commenter stated that there is currently a rule that related caregivers cannot provide Residential Habilitation for an adult recipient more than 40 combined hours a week. Commenter stated that this is an arbitrary restriction that ignores that related individuals are often more familiar with the recipient and almost always more "invested" in the recipient's well being, as well as likely to stay involved in that person's life longer than most any unrelated caregiver, providing greater continuity.	The provider must comply with federal and state DOL wage and hour laws, going over 40 hours per week would require payment of overtime
508	12/28/2015	Other	Commenter stated that Indiana should introduce a self-determination option for any interested recipient and should trust case managers to assist recipients in making this option work. Commenter stated that this has been done in other states with success.	Thank you for your comment
509	12/28/2015	Enhanced Residential Living	Commenter stated that all services for all participants should be paid for by Medicaid on an hourly basis. Commenter stated that the "daily rate" is an invitation to an agency to provide as little service as possible for the same amount per day.	Thank you for your comment
510	12/28/2015	Intensive Residential Supports - Medical	Commenter expressed concern about the way the Intensive Supports Medical is structured. Commenter stated that a participant's current case manager should continue to be involved throughout to provide continuity.	Thank you for your comment
511	12/28/2015	Other	Commenter expressed support for the removal of the "buckets"	Thank you for your comment

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512	12/28/2015	Participant Assistance and Care	Commenter expressed agreement with the addition of Personal Assistance and Care to the waiver to provide more options to participants and families.	Thank you for your comment
513	12/28/2015	Participant Assistance and Care	Commenter stated that services such as PAC should be available to a recipient while hospitalized. Commenter stated that hospital staff cannot and do not provide the minute-by-minute care that someone with high needs has, such as a person with quadriplegia, nor are hospital staff familiar with the day-to-day care needs or communication (or lack thereof) of a particular participant.	Thank you for your comment
514	12/28/2015	Intensive Residential Supports - Behavioral	Commenter expressed approval of the addition of the Intensive Residential Supports-Behavioral and Intensive Residential Support-Medical services. However, commenter stated that the proposed rates would not cover the cost of providing those services. Commenter recommended revising the rate to cover all costs associated with the service.	Thank you for your comment
515	12/28/2015	Intensive Residential Supports - Behavioral	Commenter noted that the Intensive Residential Supports-Behavioral will be a temporary service. Commenter asked for clarification on the definition of temporary, stating that temporary could be a few months while for others it could be a few years.	A waiver participants continued need for this service and all other authorized services will be assessed on a regular basis and changes made as appropriate based on the individual's needs. The waiver participant retains appeal rights.
516	12/28/2015	Other	Commenter expressed support for the removal of the “buckets” allocation system. Commenter asked whether the allocation will still be determined using the individual’s Algo score.	Individuals will still receive an ALGO score as part of their assessment. However, DDRS will take a different approach and not directly correlate funding to those scores.
517	12/28/2015	Enhanced Residential Living	Commenter expressed concerns about the number of training hours required under the proposed amendment for DSP’s working in residential services, stating that twenty hours of client-specific training seems excessive. Commenter recommended that the wording be amended to include all training, including orientation topics.	The 20 hours of training is inclusive of the orientation and person specific training
518	12/28/2015	Other	Commenter expressed approval of changes such as elimination of the funding buckets, adding Intensive Residential Supports, both medical and behavioral, and encouraging transportation for volunteer and employment opportunities.	Thank you for your comments
519	12/28/2015	Other	Commenter recommended that changes proposed be soundly piloted and tested before being submitted to CMS in the form of another waiver amendment. Commenter stated that this is especially concerning since the daily rate system for enhanced residential services and all the changes that were entailed in that move were only recently implemented.	Thank you for your comments

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520	12/28/2015	Enhanced Residential Living	<p>Commenter expressed concern about the absence of Algo scores without another system in place to assure that the individuals served are getting the budgeted funds they need to be properly served, while the providers struggle with finding staff to serve those people with escalating salary and benefit costs. As a rural provider, commenter stated that it is very scattered, serving 86 waiver participants. Commenter stated that extra HR resources needed to recruit staff to travel the distances to get to work given wages based on the waiver rates that have not risen fast enough to cover the escalating costs create challenges.</p>	<p>Individuals will still receive an ALGO score as part of their assessment. However, DDRS will take a different approach and not directly correlate funding to those scores.</p>
521	12/28/2015	Enhanced Residential Living	<p>Commenter expressed concerns over being able to comply with the training requirements in the revised service definitions. Commenter stated that the provision for at least 20 hours of training to be provided in the waiver home and by individual served that by a co-worker or supervisor appears in addition to new DSPs required to shadow an experienced worker until the Agency Provider determines the new DSP to be competent. Commenter stated that these provisions are written so generally and subjectively that unless very specific audit standards are written to clarify the subjective nature of the service definition, the providers are at risk in the future for multiple interpretations that could be negative and cause payback or reputation risks.</p>	<p>The 20 hours of training is inclusive of the orientation and person specific training . The implementation information requested will be provided in policy, procedures and training prior to the amended waiver being implemented</p>
522	12/28/2015	Enhanced Residential Living	<p>Commenter expressed concern about the dependence on the IDT to make decisions about the services and how much they will cost to determine the budgets and rates, especially in the proposed Intensive Residential Support services. Commenter stated that it understands the need for flexibility, but is concerned with a future audit of services that may put the provider in a payback situation.</p>	<p>Thank you for your comments</p>

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523	12/28/2015	Non-Medical Transportation	<p>Commenter stated that, under the current Transportation service definition, the definition explicitly states that transportation may be used in conjunction with other services, including Community Based Habilitation, Facility Based Habilitation and Adult Day Services.</p> <p>However, the proposed Non-Medical Transportation service definition appears to exclude non-medical transportation provided under these services. Commenter stated that this exclusion will have a potential adverse impact for those individuals who are currently using transportation in conjunction with other services. Commenter requested that DDRS reconsider this exclusion. In particular, commenter recommends reconsideration as the exclusion relates to community access group or individual services and pre-vocational services delivered through off-site enclaves or mobile community work crew models where such an exclusion could hinder the ability to effectively use these services in supporting individuals in accessing the community.</p>	Thank you for your comments
524	12/28/2015	Non-Medical Transportation	<p>Commenter stated that, if DDRS moves forward with the exclusions currently included in the Non-Medical Transportation service definition, it strongly recommends that a provision is added to the Attachment #1 Transition Plan to reflect the limitation in the use of this service which may have an adverse impact on waiver participants. The provision should include detail on how the Division will ensure sufficient time for individuals and their teams to consider how to support the individual's transportation needs related to these services and determine whether and to what extent changes to the overall service plan are needed, before the exclusions are implemented.</p>	DDRS
525	12/28/2015	Other	<p>Commenter stated that it anticipates that there may be a variety of adjustments and changes made to service definitions and related rate methodologies in finalizing the proposed waiver amendment. With this in mind, commenter strongly recommends that DDRS publish its updated final draft waiver amendment for a period of additional public comment, prior to submitting to the Centers for Medicare and Medicaid Services for review and approval. Commenter stated that this additional public comment period will help to ensure consumers, families and providers have an opportunity to fully review and understand the final proposed waiver amendment, prior to submission.</p>	<p>Thank you for your comment. While a number of comments have been received, and supported the inclusion of the new waiver services and the clarifications provided on training and documentation. The comments included a number of requests for implementation detail which is never included in service definitions or the waiver application. The implementation information will be provided in policy, procedures and training prior to the implementation of the waiver amendment. Based on the comments that were critical of the bundling of Wellness Coordination and Transportation, DDRS deleted the change and left the services as they are currently.</p>

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526	12/28/2015	Participant Assistance and Care	Commenter supports the inclusion of PAC in the proposal, as this service will provide options to many consumers and families.	Thank you for your comment
527	12/28/2015	Other	Commenter supports the elimination of “buckets”. As a waiver consumer, commenter stated that much of her budget has previously been stuck in these “buckets” while her service needs could be better met elsewhere.	Thank you for your comment
528	12/28/2015	Enhanced Residential Living	Commenter stated that she disagrees with the extra 20 hours of training of direct support professionals in the proposal. Commenter stated that there is no guarantee these individuals would get paid for this time nor is this requirement specific enough to ensure that agencies would provide the information and support necessary to new staff.	This is not an extra 20 hours of training but is meant to establish a floor of training hours to all direct support staff to ensure that staff are prepared to meet the needs of the waiver participants.
529	12/28/2015	Enhanced Residential Living	Commenter stated that the current limitation of a total of 40 hours a week of paid support by family members for adult recipients should be eliminated. Commenter stated that she has benefited greatly from supportive, engaged, and caring individuals who happen to be related to her and cannot afford to care for her as much as needed if they are unpaid. Conversely, commenter stated that she has had many staff who are unrelated who did not provide care at an acceptable level. All of these staff are paid the same rate and meet the same requirements set out in the Indiana code, whether or not they are related to her.	The provider must comply with federal and state DOL wage and hour laws, going over 40 hours per week would require payment of overtime
530	12/28/2015	Intensive Residential Supports - Medical	Commenter stated that the Intensive Supports Medical service is good in theory but fundamentally flawed in its construction. Commenter stated that this service does not take into account individuals with chronic medical conditions. Commenter stated that the use of a clinical review team from the state is invasive and not necessarily beneficial to the individual, who is known much better to his or her own medical team. Additionally, the requirement for an individual to	Thank you for our comments. The implementation issues and information you raised will be addressed in policy, procedures and training prior to the implementation of the waiver amendment.
531	12/28/2015	Remote Support Technology	Commenter expressed concern over the state’s proposed increased reliance on electronic monitoring, as she believes that this is a violation of privacy and liberty.	RST is presented as an option for a person to provide more independence and autonomy and is not to be an invasion of privacy.
532	12/28/2015	Enhanced Residential Living	Commenter stated that any service definition that bundles payment per day is ineffective at meeting people’s needs.	Thank you for your comment
533	12/28/2015	Other	Commenter stated that she disagrees with the state’s continued reliance on participants living together as a way to contain costs. Commenter stated that service provision should be based on individual needs, desires, and personal situations, not the needs of the state.	Thank you for your comment

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534	12/28/2015	Other	Commenter stated that the concept of a cost-based reimbursement system holds merit. Commenter stated that it has long advocated for a sustainable system that accounts for costs for providers and gives consumers appropriate resources to achieve meaningful community membership. Commenter expressed concerns about the proposed second amendment to the Community and Integration Waiver since it appears there are many things that remain undetermined about how the new system will operate. Commenter stated that there could be unintended consequences to individuals served and to the stability of the overall support system if FSSA moves forward without a solid plan. Commenter recommends slowing down the process to allow adequate time to develop and test a new system prior to its full implementation.	Thank you for your comment. Implementation detail is never included in service definitions or the waiver application. The implementation information will be provided in policy, procedures and training prior to the implementation of the waiver amendment.
535	12/28/2015	Other	Commenter acknowledged that some of the more concerning elements of the proposed amendment such as bundling the RHS, transportation and wellness, and using site-based reimbursements have now been eliminated. Commenter welcomes these changes, which it feels will preserve the positive elements of the current daily rate system and will reduce the likelihood of administrative complexities related to the frequent changes in housemate and household arrangements.	Thank you for your comments
536	12/28/2015	Other	Commenter concurs with the document submitted by INARF on December 16, 2015 regarding concerns and questions on the amendment DDRS' intentions.	Thank you, please see responses to the INARF submittal earlier in this document
537	12/28/2015	Case Management	Commenter recommended changing 90 day face to face visit requirement to quarterly to align better with ISP's, plans and other services with quarterly requirements	Thank you for your comment
538	12/28/2015	Case Management	Under Accreditation Requirements, commenter stated that it understand that DDRS intends to remove this provision since accreditation of this service is not required in state statute.	Thank you for your comment
539	12/28/2015	Residential Habilitation and Support - Hourly	Commenter expressed support in the change of this service to not require low needs individuals (current Algo 1 and 2) to remain in hourly services when sharing staffing with other individuals in the same home	Thank you for your comment
540	12/28/2015	Residential Habilitation and Support - Hourly	Commenter stated that the service definition needs clarification on transportation. Commenter asked: how does transportation here differ from Non-Medical Transportation as a separate service?	This is transportation that includes activities such as grocery shopping
541	12/28/2015	Residential Habilitation and Support - Hourly	Commenter asked whether there will be clarification on how hours of services needed will be determined by the team.	The implementation information you requested will be included in policy, procedures and training.

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542	12/28/2015	Residential Habilitation and Support - Hourly	Commenter asked whether the ISP format will be revised to include documentation about whether Remote Support Technology is an appropriate service for the individual. Commenter stated that this may satisfy the service definition requirement that the team review and document this annually.	As with all services RST will need to be reviewed and discussed by the ISP team and documented in the ISP
543	12/28/2015	Adult Family Living	Commenter asked if a Hiring Agreement is comparable to an Independent Contractor Agreement.	A hiring agreement is the agreement between the provider and the family/individual providing the service
544	12/28/2015	Adult Family Living	Commenter noted that the 40 hour per week limitation is included here for family/guardians. Since this is a daily based service and not tied to service hours, commenter asked whether the limitation would apply.	The provider must comply with federal and state DOL wage and hour laws, going over 40 hours per week would require payment of overtime
545	12/28/2015	Enhanced Residential Living	Commenter stated that it understands that DDRS intends to keep Transportation as a separate service from ERL to ensure individualized services and supports. Commenter stated that this adaptation from the original draft is critical for ensuring quality services.	Thank you for your comment
546	12/28/2015	Enhanced Residential Living	Commenter stated that it understands that DDRS intends to keep Wellness as a separate service from ERL to ensure individualized services and supports. Commenter stated that this adaptation from the original draft is critical for ensuring high services.	Thank you for your comment
547	12/28/2015	Enhanced Residential Living	Commenter stated that the service definition should be clarified on the differentiation between overall training and the hours requirement. Commenter asked whether the 20 hours is total training time. Commenter stated that the wording is confusing and some have interpreted this as 20 hours for the individual receiving services. Commenter asked what would be sufficient expertise/certification outside of 3 years' experience. Commenter stated that some trainers may not have the field experience but are skilled trainers who use a curriculum developed by an individual with the field experience.	The 20 hours of training is inclusive of the orientation and the person specific training
548	12/28/2015	Intensive Residential Supports - Behavioral	Commenter stated that it understands that DDRS is looking at the rate structure for this service	Thank you for your comment
549	12/28/2015	Intensive Residential Supports - Behavioral	Commenter stated that it understands that DDRS is looking to clarify that the Individuals' team can determine if the current behaviorist should be the behaviorist providing the Behavioral Supports component of the service and that providers will be able to contract with the behavioral supports provider.	The implementation information you requested will be included in policy, procedures and training.

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550	12/28/2015	Intensive Residential Supports - Behavioral	Commenter stated that the service is defined as a “temporary need”. Commenter asked how temporary is defined and whether there will be a firm cap or timeline that would trigger the need to refer the individual for other services such as ESN Group Home placement.	A waiver participants continued need for this service and all other authorized services will be assessed on a regular basis and changes made as appropriate based on the individual's needs. The waiver participant retains appeal rights.
551	12/28/2015	Intensive Residential Supports - Behavioral	Commenter stated that the definition needs clarification for the referral process for the services in policy and training.	The implementation information you requested will be included in policy, procedures and training.
552	12/28/2015	Intensive Residential Supports - Behavioral	Commenter stated that the behaviorist requirements – BCBA, LCSW, and LMHC may exclude some currently practicing behavior provides. Commenter requested that consideration be given to the Master’s Level Behaviorist who has a long term relationship with the individual.	Thank you for your comment
553	12/28/2015	Intensive Residential Supports - Behavioral	Commenter stated that 15 hours per week of behavioral supports is significant and could be cost prohibitive at the current behavioral support rates. Commenter asked whether there will be some guidelines on appropriate rates for this degree of intervention, as providing this level of support is less costly in terms of unbillable time for the behavioral provider in a contract relationship. Commenter asked what happens if the individual served does not need this amount of support and whether this should be team-determined. Commenter stated that, ideally, a temporary support would start with more intensive intervention but would gradually fade over time.	The implementation information you requested will be included in policy, procedures and training.
554	12/28/2015	Participant Assistance and Care	Commenter asked whether this service will be available in small groups similar to the Family Supports Waiver.	Yes,
555	12/28/2015	Remote Support Technology	Commenter expressed uncertainty about the full impact of rolling these services together will be	Thank you for your comment
556	12/28/2015	Wellness Coordination	Commenter suggested providing more flexibility in the wellness visits to make them a minimum per month rather than weekly requirements to account for absences for family visits or hospitalization or consider allowing a partial unit billing.	Thank you for your comment
557	12/28/2015	Wellness Coordination	Commenter stated that the requirement that the nurse provide DSP training on risk plans to permit the RN/LPN to use their professional judgement in determining when it is appropriate to use a train-the-trainer model or when training by the RN/LPN is warranted	Thank you for your comment

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558	12/28/2015	Behavior Support Services	Commenter recommended changing the following language under Activities Not Allowed from: "Aversive techniques – Any techniques not approved by the individual's IST and the provider's human rights committee" to "Aversive techniques, or any other techniques not approved by the individual's IST and the provider's human rights committee" as "aversive techniques" and "any technique" may be confused as the same thing.	Thank you for your comment
559	12/28/2015	Intensive Residential Supports - Behavioral	Commenter recommended including language that would support IRS-B providers toward thinking about existing relationships in the IST that have been historically supportive and positive. This way, should the individual referred to the IRS-B service desire to maintain relationships with certain specialists, like the Behavioral Consultant, it would be clear that subcontracting relationships such as these are permissible.	Thank you for your comment
560	12/28/2015	Other	Commenter expressed concern regarding the implementation of the IRS-B service in understanding why some people are not currently successful with current supports. Commenter stated that with the flexibility and creativity allowed in a daily rate reimbursement methodology, a team would not have to be dismantled and the person may experience a complete team/setting in his/her life.	Thank you for your comment
561	12/28/2015	Other	Commenter recommended including language the would encourage existing teams' abilities to request/receive a time limited BRQ of 6 months to see if the existing team in place can empower the participant toward better outcomes which could achieve cost savings over an IRS-B referral.	Thank you for your comment
562	12/28/2015	Other	Commenter recommended including consulting by a Behavioral Consultant under "other disciplines" included in the CRT.	Thank you for your comment
563	12/28/2015	Other	Commenter stated that CIH Transform does not adequately address or acknowledge the primary, driving obstacle to meeting individual needs, which is higher fiscal sustainability.	Thank you for your comment
564	12/28/2015	Other	Commenter recommended that, under Provider Specifications for each service definition, the following be added: "Must comply with any applicable state or federal laws and guidelines with regard to employment, taxes, and Medicaid Reimbursement methodology."	Thank you for your comment
565	12/28/2015	Other	Commenter stated that the shift to the use of the Supports Intensity Scale is a positive move.	Thank you for your comment

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566	12/28/2015	Enhanced Residential Living	Commenter stated that, while employment is suggested as an outcome, it is unclear what service or set of services are being proposed to promote competitive, integrated services. Commenter stated that if DDRS clearly outlines goals and accountability measured attached to the service definitions that promote employment, this would be a tremendous step for the state.	The implementation information requested will be provided in policy, procedures and training
567	12/28/2015	Intensive Residential Supports	Commenter stated that services proposed for individuals with intensive support needs appear to be underfunded and the mechanisms for access unclear. Commenter stated that by limiting the pool of providers for the service, current customers may have to move to get access and then move back when they have stabilized. Commenter stated that this may be challenging.	Thank you for your comment
568	12/28/2015	Intensive Residential Supports	Commenter asked how providers will be available in all areas given the low rates and requirements.	DDRS is responsible for ensuring an adequate number of providers are available to provide each service
569	12/28/2015	Intensive Residential Supports	Commenter asked whether people will have to move to where services are located or whether providers will come to the individual.	DDRS is responsible for ensuring an adequate number of providers are available to provide each service
570	12/28/2015	Intensive Residential Supports	Commenter asked if services are temporary, what is the time limit and will the person need to move after that time?	A waiver participants continued need for this service and all other authorized services will be assessed on a regular basis and changes made as appropriate based on the individual's needs. The waiver participant retains appeal rights.
571	12/28/2015	Intensive Residential Supports	Commenter asked whether a customer needing ongoing behavioral or medical services would be ineligible for intensive services if the service is intended to be temporary.	A waiver participants continued need for this service and all other authorized services will be assessed on a regular basis and changes made as appropriate based on the individual's needs. The waiver participant retains appeal rights.
572	12/28/2015	Intensive Residential Supports	Commenter asked how the transition will work between providers if a person is identified to need intensive supports.	The implementation information requested will be provided in policy, procedures and training
573	12/28/2015	Other	Commenter stated the policy will need clarification prior to implementation.	The implementation information requested will be provided in policy, procedures and training prior to the implementation of the waiver amendment
574	12/28/2015	Other	Commenter expressed concern about the impact of what appears to be a cut in services for many people supported by the waiver.	Thank you for your comment
575	12/28/2015	Residential Habilitation and Support - Hourly	Commenter asked: Without reference to Algo levels, how does the Division intend to identify how many hours an individual is eligible to receive? If it is at the discretion of the Individualized Support Team, what type of guidance or framework will they be provided for making such determinations?	Individuals will still receive an ALGO score as part of their assessment. However, DDRS will take a different approach and not directly correlate funding to those scores.

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576	12/28/2015	Enhanced Residential Living	Commenter asked whether it is DDRS' expectation that the new assessment to determine eligibility for ERL would result in clients who are currently eligible for the Daily Rate to be eligible for the NEW Enhanced Residential Living. If so, commenter asked how individuals on the current Daily Rate system who do not have transportation or do not have wellness coordination are factored into the system.	The implementation information requested will be provided in policy, procedures and training
577	12/28/2015	Enhanced Residential Living	Commenter stated that the proposed description for Enhanced Residential Living is directly opposed to DDRS's long term goals of individualized services.	Thank you for your comment
578	12/28/2015	Wellness Coordination	Commenter stated that the Tier requirements for face to face contact and consultation should be reframed as minimum number of consultations within a month versus the current weekly requirement, to provide greater flexibilities when individuals are absent from services due to hospitalizations or other activities. This would allow for nursing staff to use their professional judgments to provide services to better meet the individual's needs.	Thank you for your comment
579	12/28/2015	Wellness Coordination	Commenter requested additional guidance on what information should be included as part of the description of the individual within the Wellness Coordination Plan.	The implementation information requested will be provided in policy, procedures and training
580	12/28/2015	Wellness Coordination	Commenter stated that the requirement that the nurse provide DSP training on risk plans should be modified to permit the RN/LPN to use their professional judgment in determining when it is appropriate to use a train-the-trainer approach to training on a risk plan or when direct training by the RN/LPN is warranted.	Thank you for your comment
581	12/28/2015	Wellness Coordination	Commenter stated that, under t+G568:G643he Documentation Requirements, it may be helpful to differentiate what documentation is required from a service note perspective and what the Wellness Coordination provider is required to design as a result of providing the service and often involves documentation requirements by other providers.	The information requested will be provided in policy, procedures and training. The waiver participant can appeal service decisions
582	12/23/2015	Intensive Support Coordination / Case Management	In response to comments related to changes to IAC 460, commenter stated that the current requirements do not differ greatly from the proposed requirements for ISC Coordinators. Commenter stated that it is unclear how the qualifications are higher for ISC as opposed to a regular service coordinator.	Please review the service definitions again
583	12/23/2015	Intensive Support Coordination / Case Management	Commenter noted the comments about the 90-day review being repetitive. Commenter recommended adding a special addendum for ISCs from the traditional quarterly.	Thank you for your comment

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584	12/23/2015	Intensive Support Coordination / Case Management	In terms of claims being reviewed in InSite, commenter stated that it seems that this would not be possible and asked for clarification that this review is done by Medicaid.	Thank you for your comment
585	12/23/2015	Adult Family Living	Commenter expressed concern about the potential for exploitation of those served if family members become caregivers. Commenter asked if DDRS is developing criteria for the exceptions.	Currently family members are paid caregivers and the safeguards are the same as for non-related staff.
586	12/23/2015	Adult Family Living	Commenter expressed concern about the wording that restricts a spouse from providing support but not a "boyfriend/girlfriend" but isn't sure how this can be addressed.	Thank you for your comment
587	12/23/2015	Adult Family Living	Commenter asked how the one-participant limitation will be impacted by situations where a family might have multiple adult siblings in one home and how the 40-hour rule would be administered. Commenter acknowledged that most of these questions will likely be answered in policy.	The implementation information requested will be provided in policy, procedure and training prior to the implementation of the waiver amendment.
588	12/23/2015	Adult Family Living	Commenter asked if DDRS is defining who may provide respite. Commenter stated that he sees the potential for a mother to provide AFL services while a father or other siblings get paid for respite.	Thank you for your comment
589	12/23/2015	Adult Family Living	Commenter asked whether there will be an established policy for handling allegations of ANE and whether provider agencies will be required to have staff available in such cases.	The policy for ANE will not be changed and is the same for all waiver participants
590	12/23/2015	Adult Family Living	Commenter noted a typo on page 1 of AFL: "Only those approved services may be reimbursed... 40 hours per individual being service(d) in a seven-day period."	Thank you for your comment
591	12/23/2015	Enhanced Residential Living	Commenter asked whether there will be a way of measuring how teams determine if Medicaid State Plan is able to meet an individuals needs. For example, commenter stated that there should be a way to measure whether an individual does not qualify for Medicaid PA when the person is capable of caring for their own ADL's. Commenter acknowledges that this statute is difficult to enforce as PA providers will not typically assess or issue a formal denial if they determine by phone that someone will not qualify.	The ISP team should have the discussion about what services (state plan and waiver) appropriately meet the person's needs based on assessed needs and this information should be documented in the ISP.
592	12/23/2015	Enhanced Residential Living	Commenter noted a typo on page 2: "Self-advocacy training and support on expression of one's needs and preferences."	Thank you for your comment
593	12/23/2015	Wellness Coordination	Commenter stated that he likes the increased emphasis on involvement in team meetings and training. Commenter asked whether there will be any difference in requirements for training/documentation between intensive and non-intensive supports, though he noted that this will likely be addressed in upcoming policy/procedure.	The implementation information requested will be provided in policy, procedure and training prior to the implementation of the waiver amendment.

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594	12/23/2015	Intensive Residential Supports - Behavioral	Commenter stated that he agrees that PAC is a misunderstood service and that even within the districts, it will be vital for staff to be able to differentiate between PAC and other services. Commenter stated that he often hears PAC compared to RHS.	Thank you for your comment
595	12/23/2015	Intensive Residential Supports - Behavioral	Commenter agrees with DDRS response. Commenter noted alarm at the public comment regarding overlapping services, which he notes is a Medicaid red flag.	Thank you for your comment
596	12/23/2015	Intensive Residential Supports - Behavioral	Commenter asked whether there will be an agency liaison between the CRT and IST's. Commenter stated that it is difficult to imagine clinical professionals willing to provide the level of direct involvement/oversite proposed.	Thank you for your comment, IRS-Behavioral is an intensive service and the clinical involvement is essential to a person's ISP
597	12/23/2015	Intensive Residential Supports - Behavioral	Commenter asked whether the endorsement of the CRT will be directly tied into funding; for example, if the IST disagrees with a CRT decision. Commenter stated that while he understands that CRT decisions will be appealable, his sense is that endorsement equals authorization.	A waiver participant retains their appeal rights
598	12/23/2015	Intensive Residential Supports - Behavioral	Commenter likes ISP requirements and asks whether there will be a system of accountability.	Thank you for your comment. The implementation information requested will be provided in policy, procedure and training.
599	12/23/2015	Intensive Residential Supports - Behavioral	Commenter noted that there is a typo on the second page of the service definition, stating that the opening sentence either lacks an "s" or should be altered for phrasing.	Thank you for your comment
600	12/23/2015	Intensive Residential Supports - Behavioral	Commenter stated that it will be important as this section will likely be placed in statute, that who determines the health/safety should be clearly identified. Commenter stated that, in his experience, the fact that the division director is clearly identified in statute has increased success in appeals, and that he likes the way this is stated in paragraph 2.	Thank you for your comment.
601	12/23/2015	Intensive Residential Supports - Behavioral	Commenter noted a typo on page 3: "core practitioners"	Thank you for your comment
602	12/23/2015	Intensive Residential Supports - Behavioral	Commenter noted that "Registered nurse" should be changed to "Registered Nurse" as it is a formal title.	Thank you for your comment
603	12/23/2015	Intensive Residential Supports - Behavioral	Commenter stated that he is unclear on the meaning of "advanced practice nurse" and asked whether this means LPN.	No, it does not mean LPN, Advanced Practice Registered Nurse (APRN) is a clinical designation
604	12/23/2015	Intensive Residential Supports - Behavioral	Commenter recommended requiring that part of the 20-hour training minimum be completed by a supervisor and also expressed concern that the "or" included in this section gives providers an "out" to use DSP's as trainers, which would be inadequate for this service level.	Thank you for your comments
605	12/16/2015	Enhanced Residential Living	Commenter asked whether, because not all transportation is provided in support of specific goals, this type of transportation is included in the service and accompanying rate.	Transportation to and from medical appointments can be accessed through State Plan supports and transportation to and from community based employment and volunteerism can also be accessed as a separate billable service.

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606	12/16/2015	Intensive Residential Supports - Behavioral	support of specific goals is included in the service and accompanying rate.	through State Plan supports and transportation to and from community based employment and volunteerism can also be
607	12/16/2015	Intensive Residential Supports - Behavioral	Commenter stated that it is unclear whether and to what extent the rate appropriately accommodates the related costs being absorbed by an individual in a non-shared staff setting. Commenter recommended that these requirements be reconsidered.	Thank you for the comment.
608	12/16/2015	Intensive Residential Supports - Medical	Commenter asked what happens if the recommendation for number of staff necessary to deliver services exceeds what the published rate provides in terms of resources.	IRS services will be individualized in nature and budgets developed for each person's service needs will reflect the appropriate resource allocation necessary.
609	12/16/2015	Intensive Residential Supports - Medical	Commenter asked whether, because not all transportation is provided in support of specific goals, this type of transportation is included in the service and accompanying rate.	Transportation to and from medical appointments can be accessed through State Plan supports and transportation to and from community based employment and volunteerism can also be accessed as a separate billable service".
610	12/16/2015	Intensive Residential Supports - Medical	Commenter asked what guidance ISTs will be provided in determining the frequency of face to face consultations with the Wellness Coordinator-- for example, if the IRS-B provider believes the frequency is too low to provide quality care, or too high and inconsistent with individual needs. Commenter asked what if the individual does not agree with IST's assessment and what recourse he/she has for reconsideration.	The ISP team should have the discussion about what services appropriately meet the person's needs based on assessed needs and this information should be described in the ISP, which will be updated to accommodate this required documentation. The implementation of Wellness components as a part of this service will be developed in policy, procedures and training.
611	12/16/2015	Remote Support Technology	Commenter asked what the caps are for device installation and ongoing monthly maintenance of the device, including equipment rental or purchase.	DDRS will publish these when new rate charts are developed.
612	12/16/2015	Remote Support Technology	Commenter asked how caps will impact the availability to access other service options under the service.	DDRS does not believe that the rate caps for RST will affect the provision of other services to participants
613	12/16/2015	Intensive Residential Supports	Commenter stated that, given the apparent misalignment between the required level of service and support and the proposed rate, the commenter is concerned that no matter how needed the services may be, access to these services will be negatively impacted as there will be no willing providers to offer the service under these conditions.	Thank you for your comment
614	12/24/2015	Remote Support Technology	Commenter asked who makes up the RST Oversight Committee and what the Committee members roles and responsibilities will be.	This language has been removed
615	12/24/2015	Remote Support Technology	Commenter asked what the cap is for installation and ongoing maintenance.	DDRS will publish these when new rate charts are developed.

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616	12/23/2015	Remote Support Technology	Commenter expressed support for the expansion of how RST can be utilized, but hopes that a strong emphasis is placed on protecting the individual rights of roommates and/or peers. Commenter recommended putting in place a policy in the event that illegal activities are captured (or ANE).	Thank you for your comments
617		<p>Additional Common Comments or Questions Received by DDRS. DDRS received a number of comments regarding elements of the proposed waiver amendment that were ultimately revised prior to the submission of the waiver. These changes were made based on the public comments received. The Enhanced Residential Service definition was revised to remove the proposed Wellness components and Transportation service that was originally bundled into the service. Additionally, the proposed funding approach to support this residential service utilizing an average household Algo calculation will not be pursued. Alternatively, the rates will be congruent with the current daily rates for RHS Daily Service, which provides a daily rate to deliver each individual's support needs. The resulting service structure proposed for Enhanced Residential Living (ERL) is very similar to the existing RHS Daily Service, with the expansion of additional eligible recipients now able to utilize the service.</p> <p>The comments received regarding these proposed amendment areas are included here for reference; however individualized responses are no longer relevant or applicable due to the nature of the revisions made in the proposed amendment, which ultimately result in a service that aligns with an existing waiver service (RHS Daily).</p>		
618	12/22/2015	Enhanced Residential Living	Commenter stated that the ERL rate based on average Algo creates more of a "group home" feel than the approach towards which CMS is moving. Commenter also expressed concern that incentivizing "like-Algo" people may defeat the idea that right-matching of people with like-Algo levels can be positive.	No longer applicable
619	12/16/2015	Enhanced Residential Living	Commenter asked what type of documentation is needed to document transportation.	No longer applicable
620	12/16/2015	Enhanced Residential Living	Commenter stated that providing for a flat percentage add-on to the rate for Wellness Coordination and Transportation creates a disincentive to serve individuals with higher support needs, particularly if those needs exceed available add-on, thus impacting their ability to access appropriate supports. Commenter stated that, under this structure, the alternatives available to address the limitations posed by the equal distribution of resources and add-on are to serve the individual based on his/her needs but without appropriate reimbursement provided, to serve the individual at a service level less than their needs but in keeping with the reimbursement level, or to not serve individuals whose needs exceed the available reimbursement. Commenter stated that none of these are tenable solutions.	No longer applicable

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621	12/16/2015	Enhanced Residential Living	Commenter stated that bundling WC and Transportation into the ERL rate creates a lack of transparency and accountability in ensuring that participants receive needed service levels to ensure their health and safety and to promote independence. Commenter stated that as a result, the proposed rate structure creates an incentive for providers to limit or lower service levels for all individuals, in order to reduce cost since reimbursement would be unaffected by a reduction in service.	No longer applicable
622	12/16/2015	Other	Commenter asked how total allocation will be determined without using the individual's ALGO score. Commenter asked what happens when the IST wishes to use the allocation in a way that the individual does not support. Commenter asked what happens when the individual wishes to use the allocation in a manner that the IST does not support.	No longer applicable
623	12/16/2015	Other	Commenter asked how DDRS will implement its plan to allocate funds for residential supports based on the total needs of the home, separate from the "total allocation" referenced above and not based on the individual's unique needs. More specifically, commenter asked how an individuals residential allocation will be determined. Commenter asked how site allocation will be determined.	No longer applicable
624	12/17/2015	Enhanced Residential Living	Commenter asked whether an overall ERL entry suffices for documentation in documenting transportation for ERL, or if documentation must match the requirements set forth in 460.	No longer applicable
625	12/17/2015	Enhanced Residential Living	Commenter asked whether providers must document for both nursing and transportation provided in a day in order to bill for ERL.	No longer applicable
626	12/17/2015	Enhanced Residential Living	Commenter asked if ERL will have specific requirements for wellness in Advocare	No longer applicable
627	12/17/2015	Enhanced Residential Living	Commenter asked how much money can be given for an individual to provide all services the client wants to participate in with the addition of transportation, etc. Is there a cap for the RHS rate? How is this cap determined if there are no more "buckets" of money to choose from for a client?	No longer applicable
628	12/22/2015	Enhanced Residential Living	Commenter stated that rolling in services such as transportation and wellness limits choice for the individual. Commenter stated that currently individuals can select different vendors, and that this will not be the case.	No longer applicable

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629	12/22/2015	Other	Commenter stated that, based upon preliminary calculations, the state will be cutting reimbursement by rolling an estimate of these services together. Commenter stated that, while funding is not primary issue, reimbursement needs to be reasonable, transparent, and allow the provider agencies to remain in a positive state. Commenter stated that the impact of the ACA, etc. are not factored in to what providers are facing today, along with competition from other employers.	No longer applicable
630	12/22/2015	Other	Commenter stated that proposed changes should be included in a pilot program to determine impact to individuals and providers prior to implementation. Commenter stated that a study was done in the past by a consulting company to come up with reasonable reimbursement rates. Commenter asked what happened to the results of that study, asking why not start from there instead of reinventing the wheel and looking at Group homes to start the rate when waiver is totally different.	No longer applicable
631	12/21/2015	Enhanced Residential Living / Intensive Residential Supports	Commenter asked how a rate based on the home meets the definition of "client specific." Commenter stated that client needs cannot be based on two or three roommates and that part of the daily rate was to ease the documentation staff complete.	No longer applicable
632	12/21/2015	Enhanced Residential Living / Intensive Residential Supports	Commenter stated that the proposed house rate could eliminate choice, stating that providers may be forced to move current client mixes to maximize rates and service options.	No longer applicable
633	12/22/2015	Enhanced Residential Living	Commenter stated that bundling services like WC and Transportation raises concerns and could ultimately limit access to these services.	No longer applicable
634	12/22/2015	Enhanced Residential Living	Commenter stated that the ERL rate setting appears both complex and based on group home rates for many residential settings. Commenter stated that, if this is transitional, it may prove difficult as there is not a clear comparison that works across these two platforms. Commenter stated that moving to a cost-based rate setting may be a good goal but the rates established in the waiver amendment will make it difficult to achieve the goals stated for the program.	No longer applicable

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635	12/21/2015	Enhanced Residential Living	Commenter stated that many providers are still getting used to the use of the RHS Daily rate. Commenter stated that, because of the shared budget model, services must be split between people in a way that provides only basic residential services to everyone and limits goal development and attainment. Commenter stated that the proposed change to the service acknowledges that the daily rate would need to be increased to include Transportation and Wellness Coordination, but the 2% increase is not a realistic estimate to pay for 24 hour RN support, nurse involvement in wellness, and the amount of transportation that occurs to ensure people are involved in community activities.	No longer applicable
636	12/21/2015	Enhanced Residential Living	Commenter stated that under the inclusion of Wellness Coordination in ERL, the increase in rate reimbursement would still not provide enough reimbursement to provide quality health care management and provide 24 hour on-call RN support.	No longer applicable
637	12/23/2015	Enhanced Residential Living	Commenter stated that the bundling of Wellness and Transportation create a lack of transparency in regards to determining if the individual is fully receiving services. Commenter stated that the rate structure for Wellness Coordination and Transportation does not appear to be person-centered and does not account for individuals in need of a higher level of care for these services. Commenter stated that this could create a disincentive to serve individuals with the greatest needs.	No longer applicable
638	12/23/2015	Enhanced Residential Living	Commenter stated that the bundling of services appears to motivate individuals to be in larger rather than smaller settings, which is in opposition to the HCBS rule and DDRS Transition Plan.	No longer applicable
639	12/24/2015	Enhanced Residential Living	Commenter asked what type of documentation is required to document transportation.	No longer applicable
640	12/24/2015	Rate Methodology	Commenter stated that averaging Algos does not adequately reflect the unique needs of individuals residing within a setting.	No longer applicable

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641	12/24/2015	Rate Methodology	<p>Commenter stated that the inclusion of Wellness Coordination and Transportation does not adequately reflect individual need.</p> <p>Commenter also stated that it does not give limits or guidance for the amount of transportation. Commenter stated that based on the individual's ISP, the cost of actual transportation could exceed the increase to add transportation to the daily rate.</p>	No longer applicable
642	12/28/2015	Enhanced Residential Living	<p>Commenter stated that transportation is a huge concern, as transportation needs of waiver participants vary greatly and the flat rate included in the waiver amendment will not cover the cost of transportation to meet the expectations in the HCBS Settings rule.</p> <p>Commenter stated that individuals who need a vehicle lift will have difficulty finding providers to offer the service.</p>	No longer applicable
643	12/28/2015	Enhanced Residential Living	<p>Commenter stated that the intent to provide a rate by setting rather than individual is also concerning. Commenter stated that, without testing whether the individual needs of a person will be met, high support needs are likely to remain unserved.</p>	No longer applicable
644	12/28/2015	Wellness Coordination	<p>Commenter stated that, in the webinar Wellness Coordination was noted as part of the new residential services, that it will be more flexible and the level of care delivered will be determined by the nurse based on nursing judgment. Commenter recommended that training of DSPs be delegated to other trained staff as determined by the nurse also based on nursing judgment. Commenter stated that staff should be trained by the nurse on any specific medical interventions and on any specialized medical needs (ostomy care, G-tube care, etc.), but for other plans the nurse should be able to delegate that training to other trained Directors or Managers.</p>	No longer applicable
645	12/28/2015	Enhanced Residential Living	<p>Commenter expressed concerns that the document as written allows a household rate to be developed from the average Algo levels in a home could create a sense of loss of funding by individuals with higher needs.</p>	No longer applicable
646	12/28/2015	Enhanced Residential Living	<p>Commenter stated that, within the proposed system, it is most concerned about the possible negative consequences of "averaging households" to establish a per diem. At the time that CMS is promoting a move toward supporting more individualized services, a system that reduces all services to an average may have negative impacts.</p>	No longer applicable

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647	12/28/2015	Enhanced Residential Living	Commenter stated that based on the pushed rates, the inclusion of Wellness Coordination and Transportation in the overall per diem is not feasible. Commenter stated that it currently estimates that transportation expenses alone make up 2.5% of its Waiver revenue. Commenter stated that adding Wellness Coordination will make it impossible to cover those costs. Commenter calculated a \$90,000 annual loss with the proposed rates.	No longer applicable
648	11/30/2015	Enhanced Residential Living	Commenter asked whether agencies will be compensated at equitable Wellness Coordination rates for the addition of Wellness Coordination services under ERL	No longer applicable
649	11/30/2015	Enhanced Residential Living	Commenter asked how inclusion of Wellness Coordination under ERL is financial feasible rather than reimbursing for the service on the basis of identified need	No longer applicable
650	11/30/2015	Enhanced Residential Living	Commenter acknowledged concerns over the removal of choice from participants and their guardians regarding the addition of Wellness Coordination under ERL	No longer applicable
651	11/30/2015	Enhanced Residential Living	Commenter asked for the justification of the expectation that residential providers will be more successful at recruiting RNs and LPNs for Wellness Coordination duties, if the inclusion of Wellness Coordination under ERL is due to a lack of adequate response to Wellness Coordination provider enrollment	No longer applicable
652	11/30/2015	Enhanced Residential Living	Commenter stated that CIH Waiver supports are already in competition for nursing staff with the Aged & Disabled Waiver due to a higher pay rate under A & D	No longer applicable
653	11/30/2015	Enhanced Residential Living	Commenter stated that asking providers to absorb costs and liabilities associated with additional service provision for specific waivers is not appropriate and stated that this change to the ERL service should be struck so that participants receiving the service have the same choices as participants served by other waivers	No longer applicable
654	11/30/2015	Enhanced Residential Living	Commenter stated that the goal of streamlining services should not be at the expense of the participant/family or provider population through reduction of choice, and that the incorporation of separate WC providers into the IDT process should be reconciled for the benefit of participants whose services come from all waiver types	No longer applicable
655	12/1/2015	Enhanced Residential Living	Commenter asked whether everyone receiving ERL will automatically receive WC regardless of health scores, and stated that this could significantly increase costs due to the need for nursing staff	No longer applicable

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656	12/7/2015	Enhanced Residential Living	Commenter stated that transportation costs vary widely between individuals based on desire/need, accommodations, and geographical area. Commenter asked whether combining transportation with ERL fully encompasses these varying costs.	No longer applicable
657	12/7/2015	Enhanced Residential Living	Commenter asked how it will be determined that each individual is receiving their needed level of support if cost is based on household needs.	No longer applicable
658	12/8/2015	Enhanced Residential Living	Commenter states that the changes proposed in the draft waiver amendment and related rates/rate structure are inconsistent with the requirements set forth in HCBS rule to "maximize the opportunities for participants... to have access to the benefits of community living and the receive services in the most integrated setting." Commenter stated that the proposed setting-based rate structure does not promote this type of access or adequately reflect the needs of all individuals residing within the setting, taking a one size fits all approach to funding services by assigning individual residential resources as an equal portion of the household rate regardless of need and in providing for a flat percentage add-on to the ERL rate for WC and Transportation, which may inhibit operationalizing person-centered planning.	No longer applicable
659	12/8/2015	Enhanced Residential Living	Commenter stated that bundling WC and Transportation into the ERL rate creates a lack of transparency and accountability in ensuring that participants receive needed service levels to ensure their health and safety and to promote independence. Commenter stated that the proposed rate structure incentivizes providers to limit or lower service levels for all individuals, in order to reduce cost since reimbursement would be unaffected by a reduction in service. Commenter does not believe that detailing service levels in the ISP is a sufficient safeguard.	No longer applicable
660	12/16/2015	Enhanced Residential Living	Commenter stated that the ERL service definition should be corrected to include Wellness and Transportation, as included under IRS-B and IRS-M	No longer applicable
661	12/16/2015	Enhanced Residential Living	Commenter expressed disagreement that Wellness Coordination and Transportation are included in the new services. The Rate Methodology section of the Amendment states that "some components of wellness" are being included under ERL, which suggests that not all current components of WC will be available to the individual.	No longer applicable

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662	12/16/2015	Enhanced Residential Living	Commenter expressed disagreement that Wellness Coordination and Transportation are included in the new services. Commenter stated that because wellness and transportation were accounted for in the proposed ERL rate as a flat percentage regardless of individual need, the rate does not accurately reflect the cost to provide this service for individuals with high support needs, creating a disincentive to serve them and potentially negatively impacting their access to these services.	No longer applicable
663	12/16/2015	Enhanced Residential Living	Commenter noted concern that the proposed rate structure is not Person Centered in that it does not appropriately recognize the unique needs of individuals with higher transportation needs due to geographic or accessibility reasons. Commenter also stated that it does not recognize the costs to provide that higher level of service. Commenter noted concern that this may create a disincentive to serve individuals with these needs, which will impact their ability to access needed services.	No longer applicable
664	12/16/2015	Enhanced Residential Living	Commenter stated that, similarly, for Wellness, the proposed rate structure is not Person Centered in that it does not appropriately recognize the unique needs of those with higher medical needs or the costs to provide this higher level of service.	No longer applicable
665	12/16/2015	Enhanced Residential Living	Commenter asked how "active involvement" at all team meetings is defined and whether that requires physical participation in every team meeting. If not, what other types of involvement would be considered active?	No longer applicable
666	12/16/2015	Enhanced Residential Living	Commenter stated that providing for a flat percentage add-on to the rate for Wellness Coordination and Transportation does not adequately reflect individual need, which has the potential to inhibit operationalizing person-centered planning.	No longer applicable
667	12/24/2015	Enhanced Residential Living	Commenter asked whether transportation is included in the service and rate. If transportation is included, commenter asked whether it will have a limit of what is allowable. If not, commenter stated that this may be a disincentive to serve these individuals.	No longer applicable
668	12/24/2015	Enhanced Residential Living	Commenter noted that Non-Medical Transportation may not be authorized as a separate service, but that transportation to community employment will be reimbursable under Community Employment Transportation. Commenter asked for clarification for which statement is accurate.	No longer applicable

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669	11/30/2015	Enhanced Residential Living	Commenter stated that there is a high likelihood that only large providers will be able to incorporate WC services under ERL due to the shortage of nursing staff interest and low reimbursement rates to cover associated costs	No longer applicable
670	12/16/2015	Enhanced Residential Living	Commenter stated that the proposed setting-based rate structure does not adequately reflect the needs of the individuals residing within the setting. Commenter stated that it appears to take a one-size-fits-all approach to funding services by assigning individual residential resources as an equal portion of the household rate, regardless of need.	No longer applicable
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